

*Florida*

# HEALTH NOTES



January  
1957

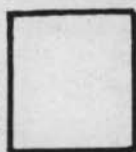
**MENTAL HEALTHINESS**

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Vol. 49  
No. 1

# Mental Healthiness

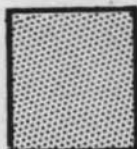
## WHICH SECTION OF THE CIRCLE ARE YOU IN?



3,171,562 Floridians *need education in mental health*, but require no special professional services and lead happy constructive lives. They are able to withstand and tolerate natural stresses and are receiving the necessary support from their families, friends, physicians, church, school and clubs.



254,000 Floridians *need special attention from community resources* such as agencies, schools, courts, churches, county health department workers, family service organizations, Departments of Public Welfare, Mental Health Associations, Visiting Nurse Associations and many other voluntary and official health agencies.



193,000 Floridians *need treatment* by private psychiatrists, child guidance and out-patient mental hygiene clinics, private physician's care and/or ministerial counseling, social case-work, rehabilitation (alcoholic and vocational) and the like.



25,000 Floridians *need hospital care*. These include the psychotic, severely neurotic, severely mentally retarded, those with organic brain defects, older people with failing minds and the criminally insane.

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### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

# What About These Mental Health Clinics?

Florida has 14 Child Guidance and Mental Health Clinics located where the greatest number of people live. (Elsewhere in this Health Notes you will find them listed.) In the past reporting year, 4,451 children and adults received some type of service from these clinics. It costs a minimum of \$30,000 to operate even the smallest one. They were organized because we know that early attention to minor emotional and behavior problems can often prevent later and more serious mental illness. Just in terms of dollars and cents, the saving is tremendous. It costs \$969 a year to keep a patient in Arcadia, \$850 a year in Chattahoochee and \$1,208 a year for a boy at the Florida Industrial School.

Some of the comments most frequently made about these clinics are:

## ***I Don't Want Treatment, Just Advice***

The staff of each of these clinics is composed of one or more of the following: psychiatrists, clinical psychologists, psychiatric social workers, and sometimes nurses. These staff members make themselves available for consultation to parents and other groups interested in learning more about mental health. Many parents seek help from these professional people about methods of rearing their children, in getting along with other people, or in making decisions concerning their jobs and families. Frequently clinics hold discussion groups made up of people who have a common problem in

which they can help each other in solving "everyday" worries. Parent education groups may talk about such things as: children and discipline, sex education, bowel and bladder training, etc.

## ***Who Pays For It?***

Approximately half of the clinics have a fee system for service which is geared to the ability of the patient to pay. Some have no fees for any of their services. The clinics are generally an individual unit with their own Board of Directors, or a part of a University Program, or a unit a county health department. They are financed with funds received from or through the State Board of Health, with assistance from the Boards of Public Instruction, Civic and Social Clubs, City Councils, Community Chests, County Commissioners, etc. None of the clinics turn away persons seeking service just because they cannot pay.

## ***Can Johnny Do This School Work Or Is He Just Stubborn?***

Questions such as this are heard everyday in a Child Guidance Clinic. Actually only about 25 per cent of all those referred to the clinics are accepted for continued treatment. Parents who are anxious about the progress of their children can benefit greatly by a study of their child's personality and intelligence. This frequently results in a realization that the

problem is not serious and can be helped by better understanding of it so that clinic service is no longer needed.

## ***I'll Be Too Old When They Take Me!***

68 per cent of all the cases referred to these 14 clinics in the past year were under the age of 18. 35 per cent were under the age of 9 at the time of referral. Since all of the clinics have waiting lists at present (anywhere from three weeks to six months waiting period) the State Board of Health is requesting the 1957 Legislature to appropriate sufficient funds to add several more staff members to each of the clinics in order to provide faster service. The Mental Health Worker Program (described elsewhere in this issue of Health Notes) will offer some relief to the Clinics by making better referrals from the smaller counties.

## ***It Sounds So Mysterious!***

The terms "psychiatrist, psychologist, and psychiatric social worker" frighten many people unnecessarily who do not understand exactly what type of training each of these persons has and what his contribution to the treatment of mental illness, and the prevention of these illnesses, might be. The psychiatrist is a medical doctor who has had special training in human behavior and emotional disturbances. The clinical psychologist is a Doctor of Philosophy rather than a medical doctor and has had special training in testing personality and intelligence which can offer valuable information in understanding

the nature of a person's difficulty and how it might best be treated. The psychiatric social worker is specially trained in understanding the family situation, how it might have contributed to the present difficulty and what the family or the per-

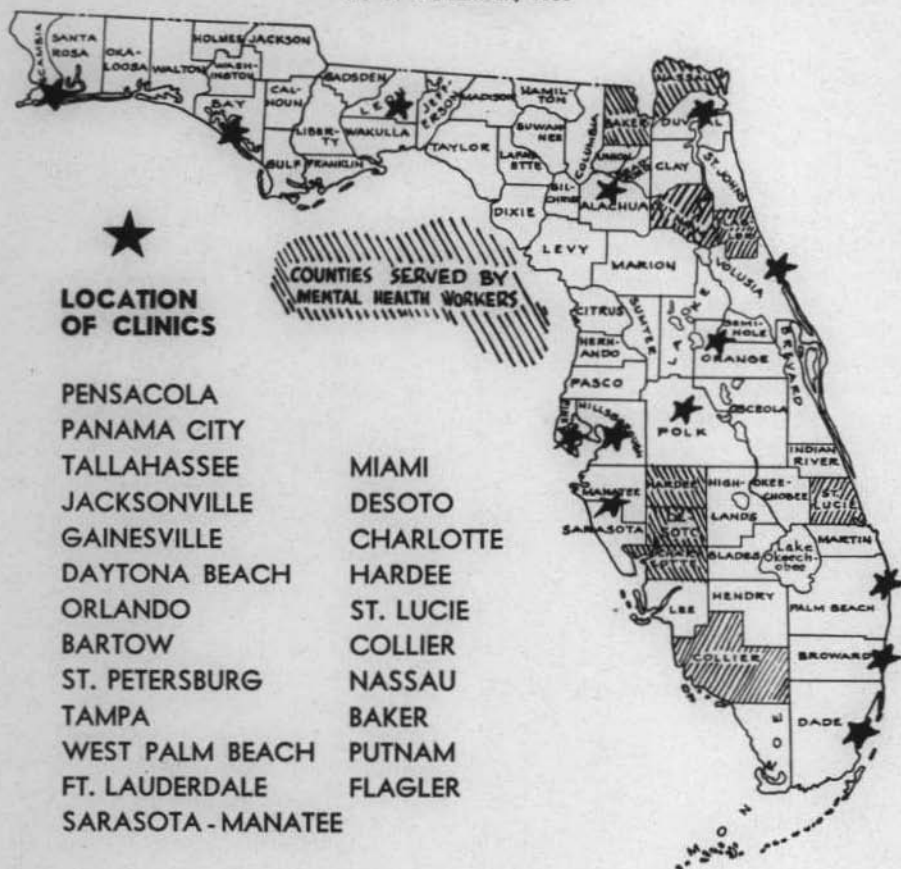


sons in it might do towards remedying the problem. The terms "psychotherapy" or "play therapy" which the staff of the clinic may use, are merely names for methods these professional workers use to help persons understand themselves, and how they might learn to deal better with their problems, their family, their jobs, and society in general.



# CHILD GUIDANCE and MENTAL HEALTH CLINICS and AREAS SERVED by MENTAL HEALTH WORKERS

AS OF NOVEMBER, 1956



## ***Are There Many Others With Problems Like Mine?***

Some people unfortunately feel that there is something shameful about going to a mental hygiene center or clinic and are relieved to learn that many persons from their own walks of life, whose problems are no more serious than their own, frequently need help from these Clinics. There is no evidence that only dull people, those who hate their children, who are alcoholic, who are "almost crazy", who are lazy, or those who are poor are the ones who seek services from these Clinics. Actually, almost all of us at one time or another in our lives have had some concern over a personal situation which may have made us anxious, afraid or just feel blue. When these problems persist in children it is only good common sense to seek outside help to prevent trouble later on.

## ***"Crazy" or Not?***

Of the 1,520 children under 10 who were referred to these Clinics during the past year, only two were considered psychotic or "insane". Of all persons who sought Clinic help, both children and adults, only 71 were considered psychotic or "insane". (The newer term is "mentally ill"). In keeping with the idea that these Clinics are to prevent illness, most of the 4,451 persons served were suffering from minor or temporary difficulties which would be helped by short-term Clinic service. The Clinics are not a

"stepping stone for graduation to Chattahoochee".

## ***Length of Treatment***

The average child and parent visited the Clinic three different times when no treatment was involved. When the child or adult was accepted for treatment, the average number of visits was approximately twelve for a period of about four months. While some patients are treated as long as a two or even three-year period, most people were helped in much less time.

## ***Large Counties Get Everything!***

While it is true that only the more heavily-populated areas of the state have Mental Hygiene Centers or Clinics, for the past two years the State Board of Health in cooperation with several county health departments, have had a pilot project called the Mental Health Worker Program in operation. This Program has provided a professional worker in a few of our smaller counties. These workers on the staff of the county health departments cooperate closely with educators, private physicians, PTA's, courts, civic groups, and other groups and individuals in promoting mental healthiness. Money will be requested from the 1957 session of the Legislature to provide Mental Health Worker services for every county in Florida which does not have a child guidance, mental hygiene, or hospital out-patient psychiatric clinic. Most of the present Clinics have seen patients from adjoining small

Those children (or adults) who come to the Child Guidance and Mental Health Clinics — who sent them?

Referred by self or family .....	— 30 per cent
School .....	— 29 per cent
Community Agencies .....	— 15 per cent
Private physician .....	— 11 per cent
Other .....	— .08 per cent
Court .....	— .07 per cent

# THE CHILD GUIDANCE AND MENTAL HEALTH CLINICS THAT ARE IN OPERATION IN FLORIDA ARE:

## Gainesville

Florida Center of Clinical Services, University of Florida, 339 Administration Building.

Darrel J. Mase, Ph.D., Coordinator.

## Panama City

Bay County Child Guidance Clinic, 619 N. MacArthur Avenue.

Theron Alexander, Ph.D., Director.

## Ft. Lauderdale

Broward-Mental Hygiene Clinic, Inc., 918 Las Olas Boulevard.

George P. Dunlevy, Jr., Ph.D., Executive Director.

## Miami

Dade County Child Guidance Clinic, 275 N. W. Second Street.

Eugene Byrd, Ph.D., Administrator.

## Jacksonville

Duval County Child Guidance & Speech Correction Clinic, 635 Ocean Street

Ralph Mason Dreger, Ph.D., Acting Oirector.

## Pensacola

Escambia County Child Guidance Clinic, 805 N. Spring Street.

Dan C. Overlade, Ph.D., Director.

## Tampa

Hillsborough County Guidance Clinic, 405 E. Ross Avenue.

Rosalind E. Cummings, M.D., Acting Director.

## Tallahassee

Mental Health Clinic, Leon County Health Department, P. O. Box 1117.

Kent Miller, Ph.D., Administrator.

## Bradenton - Sarasota

Manatee - Sarasota Guidance Center, Bradenton - Sarasota Airport.

Pauline Fertsch, Ph.D., Director.

## Orlando

Orange County Guidance Clinic, 1214 E. South Street.

E. F. Meares, M.D., Director.

## West Palm Beach

Palm Beach County Guidance Center, 312-14 Citizens Building.

Joanna Byers, Ph.D., Director.

## St. Petersburg

Pinellas County Child Guidance Clinic, 4032 Central Avenue.

Alfred D. Koenig, M.D., Director.

## Bartow

Polk County Guidance Center, 490 N. Hendry Avenue.

Alan Gessner, Ph.D., Director.

## Daytona Beach

Volusia County Health Department, 440 S. Beach Street

R. D. Higgins, M.D., Director.

counties even though in some cases the major part of their budget was appropriated by agencies or groups in their own county.

## ***What Can Be Done To Make Us Healthier — Mentally?***

Recent estimates of population indicate that by 1965 Florida will be fifth in the United States in population. By 1963 we may expect a 45 per cent increase in children aged 10 to 17. If we were to anticipate the amount of mental illness, juvenile delinquency, suicide, alcoholism, emotional disturbances of children, and crime in accordance with this population increase, it is obvious that we could not even begin to build and staff the number of hospitals, clinics, or jails which these problems would require. One

can readily see that the real solution is to prevent these disorders through our combined efforts — both lay and professional. We need to know more about the principles of mental health, child rearing, marriage and family problems, and the like. Research in the prevention and care of mental illness must be continued. Research gave us the tranquilizing drugs which have reduced the average stay of patients in our mental hospitals. As a result, the State Hospital at Chattahoochee states that, at this time, they are discharging only 40 patients per year less than the number which are admitted. Formerly the hospital gained several hundred patients each year.

The Child Guidance Clinics are one of the brightest spots in our hope for maximum mental healthiness for all Floridians because of their preventive and early treatment services.

## **WHAT ABOUT RETARDED CHILDREN?**

The Florida Council for Retarded Children, P. O. Box 1525, Tampa, Florida, has 14 local units in the state and eventually hopes to include thirty-eight. These groups, interested in developing programs for retarded children in training centers, at

universities, and in research, have made considerable progress interesting universities, the Federal government, and Florida citizens. The MacDonald Training Center in Tampa, for example, received a \$240,000 grant for the "trainable retarded" from the Federal government.

## Through Darkness To Light

(The following description of one woman's stay in the Florida State Hospital at Chattahoochee was received at the State Board of Health as an unsolicited manuscript. It is here reproduced so that those who have relatives there will be encouraged.)

There is such a slim margin between laughter and tears, between truth and fancy, I hope anyone who may read this will realize the sincerity of the writer.

I am one of the fortunate people who, having recently spent nine months in one of the largest State Mental Hospitals in the country, is now at home — with such a real sense of confidence and well being that I feel impelled to write this article. My only hope is that some one who may read it will be helped, either in facing his or her own mental problems or those of some one near and dear to them.

When I and my family first realized that it was inevitable that I go to the State Hospital, our finances having become quite depleted by my various sojourns in private institutions, it was with feelings of horror and almost desperation. The doctors felt I needed at least a year of care and treatment. This, to anyone in moderate circumstances, with little or no backlog, is just impossible in a private sanitarium. I, personally, had unfortunately heard a most depressing and discouraging talk on our Mental Hospital some years before, stressing lack of recreation and overcrowded conditions so that the very name of it was a nightmare.

With all this in mind, I waited six long weeks in a convalescent home near my own home. Suddenly word came I was to leave at four

A.M. the next day for the long drive to the hospital. All during the trip, naturally, all sorts of pictures of grim buildings and unpleasant conditions filled my mind, coupled with the knowledge that soon I would be one of 6,500 patients, a mere dot on the landscape or number on a card.

Much to my surprise, about nine A.M. we drove up to a low, modern white brick building surrounded by beautiful trees. I wondered if I were really there. I soon found out. I was turned over to two white starched women attendants and led into a room for my check-in. All personal belongings (except my partial dentures!) were taken from me. I felt quite sure I'd never see them again. When I left that room I was no longer Mrs. John Doe of—, but plain Mary Doe, number 22495.

After several weeks of observation for diagnosis, I was moved from the Receiving Ward to an older building as I felt quite able physically to do some work. During these first weeks I felt more and more depressed, trusting no one, and even felt deserted by my family. When examined by 'Small Staff', and asked in turn, "How many legs has a three legged stool?" "What color is George Washington's white horse?" and "Does the sun rise in the East or the West?", I just knew I was a hopeless case! Surely no one with any brains would be asked such stupid questions.



I was assigned to my first — and only — job in the Linen Room — not knowing how truly fortunate I was — I came under the care and guidance of three wonderful women. We worked only according to our individual capacity — were given a break for coffee and a cigarette, and also were allowed to sit outside in the sunshine when we finished our stint. This consisted of folding and counting all the laundry for certain wards. Some days 1,500 to 1,600 sheets alone were brought in.

I really was pretty sick all these weeks, but remember no incidence of crossness or a sign that I wasn't doing my share. A dreadful feeling of inferiority hung over all my actions and made me fear each day I would be dropped. My condition finally worsened so that the Doctors felt "shock treatments" was the only recourse. Having been through this experience several times, I faced it with utter dread.

Let me say here and now, by some miracle I have no recollection whatever of these last treatments.

A lucky break came when the Doctor administering the shock treatment left on a two weeks' vacation. In a few days, still on the shock ward, I began "coming back." Suddenly I tried to remember the number of our house at home. Also who was the President of the United States? I knew Mr. Roosevelt was dead; I was sure Harry Truman couldn't still be there; in fact I remember having voted for a grand person and then, oh yes, thank God I remembered "Ike"! How glad I was.

On the Doctor's return I was suddenly told "no more shock", go back to your ward. A bit stunned

by this good news, I returned to my ward and was warmly welcomed. In two days I was back on the job in the Linen Room, where I was greeted by one and all as though I'd been on a long journey, as indeed I had.

Each day I continued to improve. I was given a permanent wave thereby improving my looks and morale 100 per cent. My family, consisting of my husband and dearly beloved daughter, came to see me in a few weeks and were overjoyed at my appearance and apparent return to health. But even then, I was cautioned not to expect a "furlough" for at least another month. Reaction might set in, and I, myself, wanted to be very sure I was able to leave and feel quite capable of taking my place in life once again. So it was nearly two months later that the Doctors finally interviewed me and gave their O.K. to my leaving. All arrangements were then made for my home coming.

So far I've said little or nothing of the many personal episodes that occurred, some humorous, some tragic and some very touching. Nor have I spoken or paid tribute to the wonderful help given me by the \_\_\_\_\_ Chaplain.

We \_\_\_\_\_ were fortunate in being allowed to attend services held especially for us, every two weeks in our own church. There, in addition to the comfort and blessing of the service itself, a social half hour was held in the Parish Hall by various groups of church women. Home made cakes, dainty sandwiches were served and while our attendants always hovered in the background, we were warmly greeted

and treated as people, not patients. Why! I even heard the final game of the World Series sipping grape juice with a group of fifty or sixty men and women patients.

In these last few months I have had a good many people turning to me for advice and talking over their problems. It does help I know and I only hope in my own small way, and with God's help, I've been

able to help some one find the open door to an understanding of their own personal dilemma.

I could only tell them how I, myself, felt. How much good my stay there had done for me, and how convinced I am that everyone in that huge institution with whom I had contact was working to help us, each and everyone, to find our way home.

—“No 22495” Anonymous



The fact that the State Board of Health has a Bureau of Mental Health shows how important we consider this problem. On the staff of the Bureau is a psychiatrist, who is the director, and consultants in clinical psychology, psychiatric social work, mental health nursing and psychiatric nursing.

## **PUBLIC AND NON-PUBLIC HOSPITALS AUTHORIZED OR RECOGNIZED FOR THE TREATMENT OF MENTAL DISORDERS IN FLORIDA**

Anclote Manor, Tarpon Springs — P

Ballast Point Manor, Tampa — P

Bayou Sanitarium, St. Petersburg — P

- Duval Medical Center, Jacksonville — G
- Florida State Hospital #1, Chattahoochee — S
- Florida State Hospital #2, Arcadia — S
- Grant Haven Convalescent Home, Jacksonville — P
- Halifax General Hospital, Daytona Beach — G
- Jackson Memorial Hospital, Miami — G
- Jacksonville Convalescent Home, Jacksonville — P
- Miami Medical Center, Miami — P
- Miami Sanitarium, Miami — P
- Mound Park Hospital, St. Petersburg — G
- Tampa Municipal Hospital, Tampa — G
- Veterans Administration Hospital
  - Bay Pines — VAG
  - Coral Gables — VAG

Code:

P — Private

G — General Hospital with psychiatric facilities

S — State Mental Hospital

VAG — Veterans Administration General Hospital with psychiatric facilities

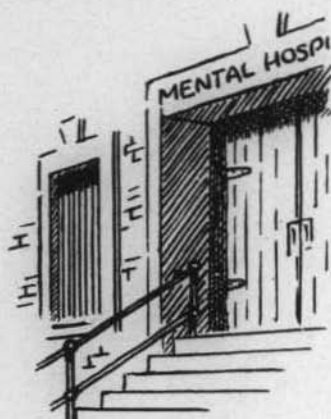
- Also have out-patient clinics.

# WHY BE CONCERNED A

Experience has taught us that preve

## *Reduce*

*Mental Illness* — Over 10,000 patients treated in Chattahoochee and Arcadia in 1955.



## *Increase*

Man's ability to adapt to complexities of everyday living.

## *Reduce*

*Alcoholism* — 93,000 chronic drinkers in Florida.

## *Increase*

Man's capacity to face squarely his responsibilities.



## *Reduce*

*Divorce* — 30,000 marriages and 20,000 divorces in Florida in 1955.

## *Increase*

Man's capacity for smooth and satisfying human relations and ability to enjoy family life.



# ABOUT MENTAL HEALTH?

Effective mental health services can . . . .



## *Reduce*

*Suicide* — 442 suicides in Florida in 1955.

## *Increase*

Man's ability to lead a useful and happy life.



## *Reduce*

*Juvenile Crime* — An increase in delinquency in Florida each year for the past 8 years.

## *Increase*

Youth's capacity to feel secure and important in wholesome expression through desirable outlets.



## *Reduce*

*Employment Problems* — 30 per cent efficiency loss due to worker maladjustment with consequent absenteeism, personality clashes, accident proneness and difficulties with employers.

## *Increase*

Man's ability to find pleasure in work, play and relationship with others.



## The Missing Four Years

After the baby is born, Mother is pretty faithful in taking him to the doctor for a regular checkup and to get his shots. She may go to her own doctor or to one of the well-baby clinics that are sponsored by the county health departments. Whenever and wherever she visits the doctor, she will ask many questions not only about her child's physical health but also about his emotional problems.

Once her child begins to walk, however, she begins to think of him as a person and discontinues her visits to the doctor unless he gets sick. Frequently, the child is never seen by a doctor again until he is ready for school when she rushes back for a "pre-entrance" examination. From then on she has the public health nurse or the teacher acting as a sort of conscience to prod her into taking him for checkups if they notice any abnormalities.

But what about the four years between the time the child is two and six years of age? These seem to be the missing years in health supervision. These four years are vital in all phases of growth — particularly emotional growth. For at this age the child has emotional needs as well as physical needs — food, shelter, and clothing. Many of these emotional needs are expressed in certain types of behavior which parents find worrisome and

hard to understand. Parents do not always understand what is behind hair pulling, breaking toys, whining, temper tantrums, or just the familiar wail, "I don't want to go to bed now." They do not know how to cope with all these problems. Parents want to know — but frequently they have little knowledge about how a child grows and fail to meet his needs. They should talk to their doctor about their child's problems — emotional as well as physical — all through his childhood and adolescence.

The State Board of Health and the county health departments are concerned about the missing four years. Some county health departments already have or are developing clinics to include children of preschool age. Public health nurses are stressing the need for continued health supervision all through the early childhood years. An extensive program of parent education (in addition to that being done by the Child Guidance Clinics) is being developed, working through community groups such as the PTA. A psychologist consultant on Child Growth and Development has been employed who is conducting some study groups in selected areas. Perhaps there will be one announced in your county.

Special effort is being made to further educate public health nurses about how to help parents whom they visit in their homes and see at clinics, deal with their children. Seminars, workshops and conferences have been held in most parts of the state for our 400-plus public health nurses.

## Some of the ABC's of Mental Health in Florida

### Florida State Hospitals at Chattahoochee — and Arcadia

- ☐ 820 employees increased to 1,776 in 10 years.
- ☐ The cost of these employees went from \$843,398 to \$3,306,138 per year in 10 years.
- ☐ The total maintenance cost of patients increased from \$1,950,908 to \$5,730,332 in 10 years.
- ☐ The average cost per day per patient increased from \$1.01 to \$2.33 in 10 years (and this is greatly below the national average).
- ☐ The average number of patients increased from 5,265 (for Chattahoochee alone) to 8,034 for Arcadia and Chattahoochee combined since 1946.
- ☐ The cost of operating Chattahoochee and Arcadia will be approximately 19 million for the two year period July 1957 to July 1959.
- ☐ There was a gain of 2,786 patients over a 10-year period despite the greater number of patients being discharged these last few years.

Several buildings 122 years old must be replaced and certain equipment repaired at an estimated cost of \$2,150,000. At Arcadia \$2,400,000 will be requested for new buildings. The shortage in professional staff continues — doc-

tors, nurses, etc. The number of "first admissions" is increasing at an alarming rate. By 1974 the probable number of new admissions is expected to be 8,513 for that year, *unless* preventive programs are stressed throughout the intervening years.

A Department of Psychiatric Social Service has recently been established at Chattahoochee. To date services have been rendered to 897 patients and their families in planning for furlough, social history, health and welfare reports for non-residents, etc.

The services of the Vocational Rehabilitation Service of the State Department of Education are now extended to patients in Chattahoochee and Arcadia. This service helps patients learn new skills so they will have a better chance for employment when they are discharged.

### New Regional Mental Hospitals.

Recognizing the overcrowded conditions in our state mental hospital at Chattahoochee and its branch at Arcadia, the 1953 and 1955 Legislatures appropriated ten million dollars for the construction of a regional mental hospital in Broward County. This modern well-equipped hospital will open about April 1957 with a capacity of 484 patients and will employ about 175 persons. Admission to the hospital will be through court order, although the last session of the Legislature has also made it possible for our state hospitals to take voluntary commitments. This

hospital will probably accept patients from Broward, Collier, Dade, Hendry, Martin, Monroe, Palm Beach and St. Lucie counties.

In the 1955 session of the Legislature five million dollars was appropriated for construction of a second regional mental hospital to be located in Baker County. This hospital is not expected to open until 1959. The 1957 Legislature will be asked for sufficient funds (probably \$6,500,000) to complete this hospital — to provide 1,600 beds.

### **Florida Farm Colony**

The Florida Farm Colony, with 1,279 patients, has nearly doubled its number of patients in the past three years. While the Colony has received nearly \$6,000,000 in the past nine years for construction and improvements, there is a present waiting list of approximately 675. Applications are coming in at a rate of between 300 to 400 per year and the waiting list for some types of cases is nearly two years. Even in the new nursery (which takes children under six years) the waiting list is so long that new born infants may not be admitted until they are one or even two years of age.

The present building program includes 12 additional cottages, and other buildings. Other needs are increased salary to attract and keep good staff, a change in name of the institution, and continued support of the fine staff which has been made in the program for educable children which includes home-making, industrial arts, arts and crafts, classroom music, physical education and nursery instruction.

However, merely trying to keep up with the need for hospitalization is no solution in itself. More and more research is needed to learn more and more about mentally retarded children.

A second Farm Colony in South Florida, possibly in Lee County, is being studied by a Committee from the Legislature. \$200,000 was appropriated for this study.

### **Florida Industrial School for Boys**

This school has done an excellent job for years with limited facilities and staff. However, the 723 boys now enrolled there are entirely too many for such an institution. The national standard is 200 boys per such school. The national average of money spent on each boy is \$1,900 per year; Marianna spends only \$1,208. The School is probably doing as good a job as other such schools in the nation but it is doing so at the expense of an overworked staff. The 1955 Legislature appropriated \$200,000 for construction of a psychiatric building. Construction will begin early in 1957. However, a building by itself can be of little help to a disturbed boy, unless a trained staff is also provided.

**Florida Alcoholic Rehabilitation Program.** Created by the 1953 Legislature, this program is asking \$1,012,000 for the next two years in order to maintain its rehabilitation center at Avon Park (50 beds) and the out-patient clinics recently established in Avon Park, Jacksonville, Miami, Tampa and Pensacola. These facilities are maintained in the belief that alcoholism is a disease and should be treated as such. Reports indicate that some clinics apparently are helping as many as 60 per cent of the people they see.

**The State Prison at Raiford.** This institution receives approximately 65 prisoners each week, and has only one professional person on the staff of the hospital — a physician. He must operate a 70-bed general hospital and a 70-bed tuberculosis hospital, largely with the help of inmates. How can rehabilitation proceed when an institution is so greatly understaffed? At present Raiford needs (among other things), four psychiatrists, three psychologists, two doctors, a reception center, registered and practical nurses, job training, recreation services and better salaries for personnel.

Of the 2,365 men presently at Raiford only a few have an opportunity for counseling because of the overloading of responsibilities on the officials. Of the 104,000 idle hours (representing the four hours' leisure each man has every day) only 14,000 hours can be regarded as being constructively used because of the lack of guidance, limited rehabilitation and recreation programs. The greatest needs are a reception center and an adequate hospital set up with well-trained staff.

★ ★ ★

- ☐ A seven member *Interim Legislative Committee* on Mental Health was appointed by Governor Collins to make proposals to the 1957 session of the Legislature concerning Florida's mental health needs. Senators Fraser (Baker), Usina (St. Johns, Stenstrom (Seminole), and Johnson (Gadsden), as well as Representatives Cross (Alachua), Allen

(Bay), Adams (Clay), and Smith (DeSoto), have served on this important committee.

- ☐ The State Department of Education is asking for \$1,100,000 from the 1957 Legislature to aid counties in extending *guidance* programs in primary and secondary schools.
- ☐ The 1955 Legislature appropriated \$250,000 for the creation of a Council on *Training and Research* in Mental Health to encourage development of training facilities; to stimulate research; to encourage Floridians to become interested in careers in mental health (psychiatrists, psychologists, psychiatric social workers and nurses) through scholarships.
- ☐ Seven new Mental Health Associations have affiliated with the Florida Association for Mental Health bringing to fifteen the total number of local Associations.

As can be seen from the above paragraphs, many millions of dollars are being spent on our mental institutions, rehabilitating alcoholics, jailing criminals and dealing with juvenile delinquents. These are all very necessary expenditures . . . . . however — a much lesser amount is being requested for *preventive* mental health services. Among these are—

- ☐ The Florida State Board of Health which is asking the Legislature for an increase of \$813,000 for:
  - a. Increased staff for the 14 Child Guidance and



Mental Health Clinics and development of additional Clinics.

b. Mental Health Workers in the smaller counties.

c. Education for professional and lay persons.

☐ The Governor's Council on Training and Research is requesting an increased ap-

propriation for the 1957-59 biennium of \$148,000, most of which would be used for research grants, more fellowships, etc. The research money used by the Council, insignificantly small in terms of the millions for treatment and institutions, is the only Legislative request specifically for Mental Health research.



## Coming Home from Chattahoochee

Mr. Anthony Jovics and his two children, Sally aged 11 and Tommy aged 7, were very upset when they received a letter from Chattahoochee saying that Mrs. Jovics seemed well enough to return home. The hospital doctors said that she was eager to see her husband and the children whom she had not seen in years.

"I hate her", Sally said, "I'll never forget the way she beat us and locked us out of the house".

Tommy could hardly remember how she looked but he echoed Sally, "You won't let her hurt us again, will you, Daddy?", asked Tommy. "I want her to come home but she won't hurt us, will she?"

Mr. Jovics was confused and undecided. He loved his wife and wanted her home but how could he be sure she'd really been cured? What could he do to make certain she didn't get sick again? How could he handle Sally's hatred and Tommy's fear of their mother?

In October of 1955 the State Board of Health and the staff of the State Hospital at Chattahoochee began an orientation program for public health personnel. This program helps the county health officers and public health nurses in the county health departments, and other health workers, become better acquainted with the hospital at Chattahoochee. They understand better how they can help furloughed and discharged patients. 78 public health workers have already attended this program which is still going on. Situations like those in the Jovics family — and many others — have been helped by the public health nurses in the county health departments, for they are notified when a patient is returning home. The public health nurse is often able to provide assistance, information and support to the family during this trying period.



## Do You Live In A County Like This?

Let's pay a visit to Flamingo County. The population is about 15,000 and the people are much the same as those all over Florida.

It's a bright, sunshiny morning and it looks like everyone will have a pleasant day, and many probably will — but . . . . .

Let's visit the Howard Lee's. They are having breakfast. Listen:

Mrs. Lee: "Tommy, come back here and eat your breakfast."

Tommy (age 4): "No!" (runs to play).

Mr. Lee: "You heard your mother."

Tommy: (No reply).

Mrs. Lee (getting up from chair): "Tommy, if you don't eat I'm going to spank you. (to her husband): "I don't know what I'm going to do with Tommy. He's getting worse and worse. He doesn't do a thing I tell him to. I have to fight with him all the time. What can I do?"

In the first grade classroom at Flamingo Grammar School, Miss Jackson is wondering what she can do about Sally. Half the school year was over and she noticed more and more that Sally was slower than the other children. Just how much she wasn't sure, but it seemed to be quite a bit. She had talked with Sally's mother who seemed quite upset about it. Somebody else needed to talk to Sally's family and to study Sally.

Over at the Brown's house, the Program Committee of the Womens Club was meeting. Mrs. Green thinks they should have some programs on mental health. So much

is happening and people seem so interested in it now. The question was who could work with them in deciding what they should study.

Miss Greer, public health nurse, sat in the county health department office looking over a record. She was just back from the Martin's. Mr. Martin came home from the State Hospital a couple of weeks ago, and Mrs. Martin didn't seem quite sure how to handle some of the problems that came up. Mrs. Greer wished she had someone to talk it over with. It seemed to her the Martins still needed some special help.

These are just a few of the things that are happening in Flamingo County today. There are lots of Flamingo Counties in Florida. Many people are facing these and other problems they need and want some special help with.

Flamingo County has:

- A private physician.
- A county health department with a health officer, public health nurse, sanitarian, and clerk.
- A department of public welfare with social workers.
- A county school system with teachers and principals and one exceptional child teacher.

All of these agencies and people help with many of the problems that arise in Flamingo County. But they need more help.

- Help for Mr. and Mrs. Lee so they may better understand Tommy.
- Help for diagnosing Sally's



slowness, and aid for her family and teacher in helping her.

- Help for the Womens Club Program Committee in carrying the mental health story to their club.
- Help for the Martins in adjusting to Mr. Martin's return from Chattahoochee and for Miss Greer to increase her skills in following up patients who have been mentally ill.

How can all these people get help? Flamingo County will never be large enough to attract a psychi-

atrist or psychologist to settle there. The answer: a specially trained *Mental Health Worker* who can investigate odd behavior, give consultation to teachers, nurses and others, assist in the referral of patients to Clinics and other medical resources — and generally help the public to understand what constitutes good mental health.

Nine smaller counties without mental health clinics now receive service from five Mental Health Workers employed by the State Board of Health and assigned to the county health departments in the area where they work.

## We In Public Health Work Believe .....

That Child Guidance Clinics and mental hospitals are essential *but* other programs are needed also to promote mental healthiness and prevent mental illness. There should be .....

- ★ Greater emphasis on preventive *guidance programs* in the public schools.
- ★ Training in mental health principles for *teachers* so that they can help children in the classroom with healthy emotional growth.
- ★ Education of *children* so that they can better understand their own behavior and emotions.
- ★ More *research* is needed about better ways to rear children, human relationships, break-up of families, hereditary and physical factors and the influence these have on mental healthiness.
- ★ We sometimes overlook those in a *community* who so often offer counsel or assistance to those in trouble and therefore are contribut-

ing every day to better mental health. Among these key people are: Ministers, police officers, lawyers, social service workers, public health nurses, physicians and hospital employees. These people are often carrying out the finest kind of a mental health program. Look for them; learn from them; help them to help others.

- ★ As many as 20 to 50 per cent of the patients in mental hospitals might be given custodial care in *cottage-type hospitals*, or placed with "*foster families*" under adequate supervision and benefit from such care much more than if they stayed day and night in a mental hospital.
- ★ Patients with milder forms of mental illness might be cared for in "*day hospitals*", going home each night to their families, and therefore not losing contact with the outside world.

## An Unsolved Problem

One often hears of a child in a community whom, it is whispered, is really "crazy". They will continue with "He ought to be in an institution somewhere."

A recent survey by the State Board of Health revealed that there are over 100 children in Florida under 17 years of age who are psychotic or severely disturbed. So much so that they pose a tremendous problem to the home, school and community. These children are equally divided between boys and girls; 88 per cent are white.

What can you do for these severely disturbed children? Actually, we have few answers today. These children are too disturbed to be successfully handled by the usual treatment which can be offered by the Child

Guidance or Mental Health Clinics. Put them in an institution? Is this the answer? There has been too few places where children like this have been studied over a period of time to find if they really can be helped. It is known that it would cost approximately \$10,000 per child per year for treatment. There are other questions too. Would it be possible to find and employ trained people to deal with these children? What kind of services would be given? What does the future hold for these unfortunate children?

What is really needed is research and more research as to the best way to help these children become helpful members of society, and if that is impossible, how society — and the child — can both be protected.



**Adult Crime**—In just three cities in Florida (Jacksonville, Miami and Tampa) in 1955, there were 38 murders and non-negligent manslaughters, 363 armed robberies, 277 aggravated assaults, 1,230 automobile thefts. Each week 65 new inmates are received in Raiford.

Can mental health preventive services help to reduce these appalling figures?

## What You Can Do To Help

- ☐ Join and offer your services to the local Mental Health Association.
- ☐ Serve as a volunteer in psychiatric wards, hospitals or Child Guidance Clinics.
- ☐ Work with your Mental Health Association or other community organizations in calling attention to "unhealthy situations" such as large numbers of school drop-outs.
- ☐ Help stimulate and take part in discussion groups, led by experts, to learn more about how to maintain mental health.
- ☐ Learn all you can about mental health from magazines, newspapers, movies, radio, TV and other sources.

The State Board of Health has many *films* on mental health and related subjects in its Audio-Visual Aids Library. Write to the Library Florida State Board of Health, Jacksonville, Florida, if you would

like to know more about these films, and how to obtain them.

The following are a few of the *pamphlets* stocked by the State Board of Health on subjects concerned with mental health. If you would like to have a copy of any of them, write to the Division of Health Information, Florida State Board of Health, Jacksonville, Fla.

- ★ *Alcoholism — A Sickness That Can Be Beaten.*
- ★ *Growing Up and Liking It.*
- ★ *Mental Health is a Family Affair.*
- ★ *The mind "... in sickness and in health ..."*
- ★ *Understanding your young child.*
- ★ *What every child needs.*
- ★ *When Children Ask About Sex.*
- ★ *Mental Health is 1-2-3.*
- ★ *For Good Mental Health in Your Community.*





# FLORIDA ASSOCIATION FOR MENTAL HEALTH

237 W. FORSYTH ST., JACKSONVILLE

MALCOLM BAKER, Executive Director

The Association is a voluntary organization whose purpose is that of public education in the field of mental health.

President: Rev. Robert J. McCloskey, Jacksonville  
Vice Presidents: William A. Gilroy, Fort Lauderdale  
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Secretary: Mrs. Mildred Hurley, West Palm Beach  
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MENTAL HEALTH ASSOCIATION OF BROWARD COUNTY  
President: Mrs. John Burwell, 42 S. W. Second St., Fort Lauderdale

CENTRAL FLORIDA MENTAL HEALTH ASSOCIATION  
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MENTAL HEALTH SOCIETY OF GREATER MIAMI  
Executive Director: Miss Lois Parks, 395 N. W. First St., Miami

INDIAN RIVER AREA MENTAL HEALTH ASSOCIATION  
President: Mrs. Earle Burney, 120 N. 2nd St., Fort Pierce

INDIAN RIVER COUNTY MENTAL HEALTH ASSOCIATION  
President: Mrs. C. G. Wilhoit, P. O. Box 665, Vero Beach

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Executive Director: Mrs. Doris M. Mills, 915 S. Olive Ave., West Palm Beach

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President: Mrs. Dorothy Wread, 3939 Worcester Road, Sarasota

SEMINOLE COUNTY MENTAL HEALTH ASSOCIATION  
President: Mr. George Touhy, 119 West First Street, Sanford

TAMPA BAY MENTAL HEALTH ASSOCIATION  
President: Hon. Sam M. Gibbons, First National Bank Building, Tampa

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All Counties in Florida have organized county health departments, except  
St. Johns County

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*Florida*

# HEALTH NOTES



February  
1957

School -- CHILDREN -- Health

Vol. 49  
No. 2

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# School -- CHILDREN -- Health

The health of our school age children is of great importance to all of us. Our children are our greatest resource, the center of our hopes and ideals, and upon them rests the future of the world. But most of all — they are our dearly beloved children. We believe they deserve the best of everything — including health.

All those things which are done to or for children, or which we try to teach our children during the years they are in school, constitute a School Health Program. Briefly, any such program is a cooperative venture between the child, parent, teacher, Board of Public Instruction, county health department, private physician, dentist — and perhaps many others. A good School Health Program has three parts:

*School health services* — vision testing, weighing, inspection, etc.

*Healthy school environment* — making sure that the child is learning in a sanitary, safe, pleasant place.

*Health education* — learning more about health, through planned teaching.

Sounds good, doesn't it? But such a program has not solved all of our problems that have to do with the health of children who go to school.

What are these problems? For an answer, we have asked a number of well-informed people who deal with children of school age what they think. We asked them this question: "What do you see as the biggest problem today that concerns the health of school children — what do you think is the outstanding deficiency in your school health program?"

Turn the page. The answers make interesting reading — then ask yourself: What's the biggest problem in *my* community? How can I help to keep our school children healthy?



## FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.





## CHAIRMAN, HEALTH and SUMMER ROUND-UP

Florida Congress of Parents & Teachers, Inc.

Mrs. Frank Meyers

One of the biggest problems today that concerns the health of the school children is our inability to reach the parents of some of these children.

It is of little value to teach the children about adequate diets, health rules and the vital necessity of examinations, immunizations, rest, fresh air, etc., unless we can give that same information to the parents who direct their "out of school" activities.

That is a responsibility of the Parent-Teacher Association whose policies state "The program of this association shall be educational." Certainly the health of the school child is of major interest.

With the schools instructing and the County Health Departments giving assistance and information to the students, and the P.T.A. passing along this same instruction and information to the parents through study groups, programs and printed pamphlets and booklets, we can make "Health Education a Family Affair."

Informed parents will work towards fulfilling the health teachings of the schools. Remembering that "a sick child CANNOT learn, but a well child is EAGER to learn" we can, through our combined efforts, strive to maintain healthier homes, healthier schools and healthier communities, thus assuring HEALTHIER CHILDREN in the State of Florida.



*Models of parts of the body are used today to help teach health.*

A great deal is said in this issue of *Health Notes* about improving the health of the school-age child. But lest you get a wrong impression — remember these children with problems are in the minority. The majority of parents guard and care for their children in every way they know how. They enlist the aid of their private physicians, dentists, county health departments and other persons and agencies to give their child the best chance to grow into a mature healthy adult.

The same is true of other problems relating to school health. The majority of teachers and other school personnel work hard to provide the best environment and to teach effectively about health throughout the child's school years.

We are thankful for what we have but never should we be satisfied — not as long as we have children with defects that could be corrected, school buildings that are not healthful places and courses of studies that do not include health education.

## **SUPERVISING PRINCIPAL, PALM BEACH HIGH SCHOOL**

Clyde Harris

I have talked with the nurse, the Dean of Girls, the Dean of Boys, the teacher chairman of the school's health program and several other teachers. We are in one accord, and I am stating what was expressed.

There is ample evidence to indicate that the greatest health problem in our school is one of a nutritional nature. Far too many students, particularly girls, do not eat breakfast. This seems due to a desire not to gain weight or to a situation that breakfast is not prepared at home. Closely related to this lacking of sufficient food is the matter of off-campus noontime eating. Many students eat in so-called campus shops. A milkshake and a hamburger or hot dog often constitute the meal. The food is hastily procured and is eaten on the street or in a parked car. The location of eating is necessitated by lack of tables and chairs in the private establishment selling the food. We are handicapped here in that our school cafeteria cannot take care of 3,000 students present at this site in grades one through twelve. We do serve a splendid, well-balanced meal from 10:30 until 1:15 with a large attractive dining space.

It would probably be a great advance toward better health for children if strict state regulations were imposed upon those off-campus eating places which are established specifically to feed school children. These are generally within a short radius of the school. What they serve should meet best school health standards of diet and table, and floor space should be specified in such amount as to take care of the volume of patronage.

Another item, but probably secondary to the above, is that of identifying more remediable defects among students. So much depends upon the training and alertness of the teacher in recognizing these handicaps.

## **PUBLIC HEALTH NURSE**

### **BAKER COUNTY HEALTH DEPARTMENT**

Bertha Wolfe, R.N.

We have plenty of health problems. It is hard to say what is our BIG health problem. All of our problems are inter-related. Malnutrition, dental caries, worm infestation and sanitation are all big problems, but one of our biggest, in my estimation, is inertia, lack of interest, and apathy. It is much easier to continue to live as we have lived for the past 30 or 40 years than to break ground. Let John Doe do it.

This reminds me of the story of an old farmer whom a county agent wanted to attend some lectures and demonstrations for improving his farming. The old farmer did not like the suggestions for improvement; he said he "already knew more than he was doing." It is difficult to give up the old and take on the new.

We, in public health must try to help people so they will want to help themselves. When a real problem develops, we must often take the interested or affected person by the hand, lead him or her to the problem and then solve it for them. The following day this person does not remember he had a problem, much less the solution. These people live one day at a time. To them there is no tomorrow. No "rainy day" to prepare for. Their problems must be solved for them over and over again.

. . . . .

It is hard to say what is our biggest deficiency in our school health program. The teachers need to know more about the child's background, his home, etc. Many of these parents will not attend P.T.A. They sign the child's report card without knowing what it means. There is a gap between the home and the school. The parents feel that they have no part in the school program; however, they can complain if things don't go to suit them. They send their children to school but they will not take time out to visit the school and the teacher. If their child gets an "F", they don't understand the situation or reason for it. I think we need to work together more for the sake of the child.





*A huge tadpole holds this little girl's attention. Children learn about life from living things.*

## **SCHOOL HEALTH COORDINATOR, BAY COUNTY**

Jack Mahon

The main problem that I feel we have in the school health program is the follow-through service. We have many devices and techniques to eliminate and prevent defects as well as maintain and promote good health such as physical and dental examinations, vision and hearing screening, hookworm surveys, etc. It is after we find these defects that the service breaks down.

I feel the follow-through service program is well understood by those concerned with its purpose. There is close and cooperative planning with the school and health department. Each understands their role in the over-all program — continuous effort is made with the family and child to get the desired treatments or corrections made.

There are many civic and professional groups that will provide for the indigent child and much is being done for him.

I do not feel that the parents are well enough informed of the value of obtaining corrections of defects when it is reported to them by the nurse or school personnel. How to stimulate parents' interest in obtaining corrections is the big question that definitely needs an answer.



## FOR TEACHERS ONLY

Teachers want to know so much more about health than they are able to learn during their busy university days and their even busier teaching life. Many of them would like to know something about the health resources in their community so that they can better teach and help the children who are in their care each day.

Approximately 50 Florida teachers will have this opportunity in the summer of 1957 through the media of the Teachers' Project. The Teachers' Project is a cooperative venture of the State Board of Health, the State Department of Education, the University of Florida, Florida State University, and the University of Miami and voluntary health agencies. The project lasts approximately 4 weeks, most of which is spent in their home community. Preference will be given to those acting as school health coordinators and principals.

The following County Health Departments have indicated their willingness to provide field experience for a limited number of teachers:

Alachua  
Bradford  
Clay  
Dade  
Escambia  
Gadsden  
Lake  
Lee  
Manatee

Marion  
Orange  
Osceola  
Palm Beach  
Pinellas  
Polk  
Sarasota  
Seminole  
Volusia

For further particulars, contact the Director of the County Health Department or the Superintendent of Public Instruction in the county where you are teaching.

One phase of health education that should not be neglected is first aid. These teenagers are shown practicing how to adjust an arm sling. Most young people enjoy this type of learning.





*Puppets can be used to teach health, too.*

## **SUPERINTENDENT OF PUBLIC INSTRUCTION**

**BAY COUNTY**

**Thomas E. Smith**

The problem of student health has become a part of the school program which calls for the combined efforts of all agencies dealing with children. Much progress has been made and the programs are constantly improving.

There is, of course, need for expanded services which will provide the carry-over solutions to child health problems. There is much need for in-service training of health and educational personnel. A common attack on the mental, physical, dental, and all phases of health education problems is a need.

The coordination of all health services under one single agency, with proper staff and facilities to provide the health needs for children, would be helpful. This would leave the educational systems the full responsibility for educating children according to their maximum potential, physical, moral, mental and social needs.



*Overcrowded schools often have to use the auditorium as a study hall.*

## **DIRECTOR, BREVARD COUNTY HEALTH DEPARTMENT**

James F. Speers, M.D.

I would like to submit one comment as to my opinion concerning the outstanding deficiency in our school health program.

This defect tends, in a variety of ways, to be shared by all concerned, i.e. health departments, school officials, PTA members, etc. We are all so anxious to *provide* a school health program that we lose sight of the primary purpose of such a program, which is to instill in the children the habit of being concerned with, and caring for, their own health.

As examples: (1) The PTA is in general too concerned with herding large number of pre-school children to the health department for examination, even though many of these have been regular visitors to their own physicians since birth. (2) Teachers and principals tend to look to the Health Department for treatment of many minor conditions. (3) Health department personnel often tend to go along with this pressure to treat such conditions, rather than go through the more difficult and time-consuming process of encouraging these children and their parents to get to the root of the trouble by consulting their family physician or changing their habits of living.

I am deeply concerned with the possibility that in trying to provide a school health program, we may often be encouraging in these children the attitude that all sorts of services are to be expected from the State, and discouraging development of the quality of self-reliance which should be one of our chief goals.

## TEACHER, TOMLIN JR. HIGH SCHOOL HILLSBOROUGH COUNTY Clyde Methvin

Tomlin Junior High School has an enrollment of more than five hundred students.

This is the second year that the junior high schools in Hillsborough County have had the services of a public health nurse. The school has had a health education program for several years sponsored by the Science and Everyday Living Classes.

### Problem I. **Limited Time of Nurse:**

The public health nurse serving as liaison person between school and home has helped tremendously; however, her time is so limited (serves four other schools) that it is impossible for her to follow up referrals made by teachers or to contact parents concerning the correction of visual, dental and hearing defects after the testing has been done at school. For instance, after vision testing was completed, about thirty visual problems required a conference between pupil and nurse or nurse and parent. When screening for physical examinations is completed (includes all pupils in special education class) more parent-nurse conferences will be needed.

### Problem II. **Dental Corrections:**

The county health department does not have a dentist at this time. The program for corrections of indigents (who usually have greater needs than others) is at a standstill. We hope to get some civic organization to help with this problem. At the junior high school level we are concerned with saving permanent teeth.

### Problem III. **School Health Committee:**

School health committee and the public health nurse lack time for planning because of crowded schedules for all concerned. A short conference on Parent-Teacher Conference Day has helped some.

### Problem IV. **Keeping Adequate Records:**

The keeping of adequate and accurate health records is one more time-consuming job of paper work that we have not solved. Teachers find little time to study health records that might explain some of the needs of the child that affect school work.



The newer classrooms, especially those for elementary students, often have a washbasin. The basic principle of clean hands can be better taught where there is running water in the room.

## FLORIDA'S SCHOOL HEALTH PROGRAM

How healthy are Florida's school children? In any listing of the major objectives of education health is given a prominent place. It is important to know about the health of our school children, because health influences the degree to which they can take part in and profit from their school experiences.

If the health needs of children are to be met, it is imperative that parents, educators and all groups concerned with the health of the school child, understand their needs and accept their responsibility and work together cooperatively to make the maximum contribution of which they are capable. In addition to the advantages of an adequate education, a healthy and happy life in a free society is the heritage we have to give our children. Florida's *Program of Health Services* (Bulletin 4-D) outlines all the procedures necessary to meet the health needs of its school children.

A unique feature of Florida's school health program has been the appointment of one teacher in each school to act as Health Coordinator for his or her school. To aid the coordinators in their tasks of promoting the best possible health program for each school, the State Board of Health and the State Department of Education have sponsored a series of *School Health Clinics* for every county in Florida. The project is financed by funds from the Florida branches of the: American Cancer Society; American Heart Association; National Tuberculosis Association; National Epilepsy League; Alcoholic Rehabilitation Program; National Foundation for Infantile Paralysis; Congress of Parents and Teachers, Inc., and the Florida State Board of Health.

Since September 1956 these *School Health Clinics* have been conducted by Dr. George T. Stafford, Professor of Health and Physical Education, who is on leave from the University of Illinois. At these clinics the school health problems of each school in the various counties are represented and discussed. With the aid of the school administrators, health coordinators and representatives of the various agencies concerned with the health of the school child, much progress is being made toward raising the level of health of Florida's school children. Not only is physical health considered, but the mental, emotional, social and economic aspects are also studied.

Florida's School Health Program includes:

**HEALTH SERVICES**, or those services which are aimed at (1) determining the individual health status of each child, and (2) the steps necessary to have remediable defects corrected (decayed teeth, defective vision, etc.), to adjust to uncorrectable conditions, and (3) to avail themselves of accepted immunization and vaccination.

Unfortunately some parents fail to have their children examined by their family physician and dentist and too many fail to have remediable defects corrected. It is not unusual to find over 50 per cent of some schools with children affected from hookworm or other infestations which may seriously affect their health and progress in school. Many are anemic. Children who are obviously ill are sent to school because both



parents are working. Many children have not been immunized against the preventable diseases.

There is an obvious need for better parental understanding that a child's health definitely influences his chances for a successful education. Many schools have organized *School Health Councils* to study the health needs of their children and to plan procedures for meeting these needs.

Teachers are making daily observations of their students for the purpose of early referral of these children to the *Public Health Nurses*, who in turn take the necessary steps to make sure that these children receive the services of the physician, dentist, guidance counselor, or whatever service is indicated.

**HEALTHFUL SCHOOL ENVIRONMENT** which makes possible and is conducive to a high level of healthful, wholesome and safe living, is foremost in the minds of those who are now planning Florida's schools. The newer schools conform to the best in school plant operation and maintenance, as well as health and safety of the school population. But the rapid rise in the school population presents a serious problem of overcrowding in many schools.

Recognition is given to the need for an emotional climate in each school which is concerned with making each classroom a friendly, comfortable democratic place where children and teachers live and work together in an atmosphere as free as possible from tensions, pressures, frustrations and other unhealthful conditions. Throughout the School Health Clinics teachers show an awareness of the fact that in their daily contact with boys and girls they are important factors in the school health program.

**HEALTH INSTRUCTION** is that phase of the school program which helps children learn the *Why* and *How* of healthful living through experiences that make sense to them. The child of today needs information which will help him to live more healthfully today and which will help him understand and use the best methods of bringing up his children in the most healthful manner.

Health information is not enough. The child's health knowledge must be of a nature which will favorably influence his *attitude* toward health, to the end that he will habitually *act* in a healthful manner.

How successful is Florida's *Health Instruction*? What are the results of this instruction? In many clinics health coordinators report as high as 75 per cent of their children in need of dental correction. In these cases instruction must lead to (1) visiting the dentist regularly, (2) eating the proper foods, and (3) proper brushing of the teeth. If parent-nurse-teacher conferences show that many children are *staying up late* watching T.V. and coming to school without having an adequate breakfast, instruction must be personalized to help these students recognize the relationships between sleep and nutrition, and growth and efficiency — and the need for making choices which will favorably influence their health.

Is Florida doing this? In many elementary schools classroom teachers are doing a fine job. But high schools are too prone to offer only

sporadic teaching of health information in biology, science, homemaking and physical education. However, many teachers who are genuinely interested in health are favorably influencing the health behavior of their students. There is a pressing need for more planning in health instruction geared to the actual physical, social and emotional health of Florida's school children.

The problem of making Florida's School Health Program the best in the country must be understood and supported by all parents.

It is not a case of *can* we afford to provide for the best possible health program; it is a challenge to whether we can afford *not* to provide for their maximum physical, social and emotional health, safety and welfare.



*Safety is a part of any good health program*



*Music makes for good mental health.*

## **SAFETY**

George T. Stafford, Ph.D.

The recent figures for holiday accidents seem to indicate a disregard for human life. Seven needless traffic deaths for every hour over the Christmas weekend! Accidents remain the foremost cause of death among school-aged children, accounting for more fatalities than are attributed to any single disease. The prevention of communicable diseases has been made possible through the positive approach of immunization; the prevention of accidents can be made possible through the positive approach of:

- ★ Recognizing the hazards which surround us
- ★ Removing all unnecessary hazards
- ★ Compensating for hazards which cannot be removed
- ★ Proper attitude toward habits of safe and effective living.

Perhaps the best single approach to safe and effective living is the acceptance of the principle of "Consideration for Others." Early in the child's life he can be taught this principle. As the child grows older he learns that this democratic ideal offers everyone both freedom and responsibility. It sets up laws to guarantee personal rights and securities, but it also requires all citizens to organize and govern themselves accordingly.

The schools are doing much to reduce accidents among the school population. How much are the adults doing to develop the principle of "Consideration for Others" as their contribution toward safe and effective living?

## **DIRECTOR OF INSTRUCTION MARION COUNTY SCHOOL SYSTEM**

John W. Seay

Parents and teachers as well as those who serve in the area of health education and health practice have long ago recognized that achievement — what children are able to learn — and health are closely related.

Recognized, yes, but what of it? This is where we bog down in too many instances at the school level. There are several reasons why this is true, in my opinion.

Many of our schools do not measure up to the best standards of health service, practice or education. Responsibility has never been completely accepted by the busy school people for health education. Neither have health departments completely accepted this responsibility.

The turn-over in health department staff as well as school staff has added to the confusion of "who does what."

The need is great for better planning at the local county and school level for long range programs. Schools and health departments should decide upon goals which could be reached each year and concentrate on these.

Why doesn't this happen? The answer to this question is not easy. Disappointing experiences have been encountered both by school people and health department people.

The future looks better. The work now going on in various counties to train school health coordinators and the summer short courses for teachers to get first hand experience with local health departments, has promise.

Let's wake up and take advantage of each other's service to the degree that boys and girls in our communities will receive their rightful American heritage. No land has been blessed as ours, but we fail to apply the know-how we already have. If we would do this, our school health programs will improve.

### **WHAT AILS OUR SCHOOL CHILDREN?**

Here is a list of defects that children of school age often have:

- Dental caries
- Vision defects
- Loss of hearing
- Orthopedic (crippling) conditions
- Allergies
- Emotional disturbances
- Abnormal eye, ear, nose and throat conditions
- Poor nutrition
- Heart conditions

## BUREAU OF MATERNAL AND CHILD HEALTH

STATE BOARD OF HEALTH

R. W. McComas, M.D., Director

Other contributors to this issue of Health Notes have identified and discussed very adequately the current operating problems of our school health program and in addition have advanced a number of new ideas. Florida's school health program, as is the case in most states, has been primarily concerned with the physical health of school age children. This preoccupation with physical health has been encouraged by tradition. We have not ventured into the field of emotional health because of the inadequacy of our tools and techniques.

It seems to me that the time has come when the traditional school health program must begin to accept responsibility for developing an effective program in the area of emotional growth and development of school age children.

No other important part of American life is undergoing a more sustained and profound change than the family. Powerful and apparently irreversible social and economic considerations are removing both parents and grandparents from their traditional role in family life, thereby depriving children of the most important single factor in sound emotional growth and development. All indications are that this trend



*A microscope is a fascinating tool to use in health education.*



will continue. Rather than engage in wishful thinking for the return of the "good old days", we should accept the new responsibilities imposed upon us by these changing times.

It is unlikely that a completely acceptable substitute for family life will be found. However, we must be realistic and utilize the forces and agencies now available to us to fill the vacuum created in the lives of our children by the change in the American home.

Obviously one of the agencies best fitted to assume some of the family's responsibility for the emotional growth and development of children is the public school. This is not a new role for some of our public schools, but effective acceptance of it by all public schools will place ever-increasing responsibilities on the already overburdened classroom teacher. The State Department of Education is very much aware of this problem and is currently exploring ways and means of providing some of these services in a practical manner.

It would appear that the most important single contribution the public school could make to the sound emotional growth and development of children is to provide a *healthy emotional climate in the classroom*. Indeed this might be the most important immediate objective of the entire mental health movement.

In summary, it would appear that traditional school health programs have reached an important crossroad. If school health people accept this opportunity to enter the field of emotional health, they will then undertake a responsibility more challenging and more important than any yet faced.

## CHIEF SANITARIAN

Escambia County Health Department

B. G. Tennant

It is the desire of school officials, public health workers, and parents to secure the best possible school facilities (buildings) for children of this State. In order to do this, it is necessary that school and health department officials cooperate in planning school facilities. It is at the beginning of construction that we can incorporate the best possible sanitary facilities in the schools. I am therefore of the opinion that all school plans should be carefully studied by both public health people and school officials prior to construction.

The schools of this State should act as a guide to the improvement of sanitary conditions to the community, as well as the schools. The pupils of our schools cannot, and will not, fully understand the perils of poor sanitary conditions unless the schools themselves are models of the teachings of good health and clean environment. Poor sanitation and inadequate sanitary facilities in the schools create an impression upon

the minds of young people that good sanitary facilities are not essential for the protection and promotion of good health. Adequate toilet facilities, proper sewage disposal, a safe water supply, proper drinking fountains, good housekeeping and a clean lunch room with properly prepared and served food, are essential for all schools.

Cooperation of both agencies (schools and health departments) would go a long way to correct any defects in school plans and it would certainly be cheaper to make the necessary corrections before the time of construction.

## CONSULTANT, HEALTH, PHYSICAL EDUCATION AND RECREATION

State Department of Education

Zollie Maynard

In Florida, it might be said that school people have become somewhat conscience stricken as they recognize the need for improvement in the School Health Program. Many suggestions for improvement have been made. Among them was a State Board of Education regulation which was passed requiring each principal to designate a faculty member as *school health coordinator*. Orienting these newly appointed school health coordinators so that they might have some idea as to how to go about improving the School Health Program has become known as the School Health Coordinator Plan. The slogan, "Action With Purpose", has been adopted by common consent. Elsewhere in this issue, the *School Health Clinics* for school health coordinators have been described.

How they came about involved the efforts of not only school people, but also public health personnel, voluntary health agencies, private physicians, dentists, representatives of community improvement councils, members of the Parent-Teachers Association and many other key people and organizations. Reports clearly indicate that the clinics are being an over-whelming success with much enthusiasm being shown by those attending.

An appeal for financial support and professional assistance was made to the voluntary health agencies of the State. Most of them responded, making possible the large scale effort which is now under way. The voluntary agencies are to be congratulated for their unselfish support.

As extensive as are the school health clinics, we must recognize that these are only the starting point. When we have children in our schools who are not up to par physically, we must take some responsibility by trying to improve their health; first through the parents, then through community agencies. Through the combined efforts of voluntary and official health agencies, plus those of teachers and other school personnel, our children will be benefited. It may well be that the School Health Coordinator Plan will mean to the School Health Program in Florida what the Minimum Foundation Program has meant to the public school program.

It is always well for us to remember that one of the first principles in education is a sound mind in a sound body — a child who can learn what we have to offer him.



*These students are learning all about hookworm.*

## **SCHOOL LUNCH SUPERVISOR** SANTA ROSA COUNTY

Ora Edmunds

It has now been nigh on to thirty-five years since the family physician to scores of families in a small central Florida town said to two of his women friends who were always "dabbling in child welfare": "If you girls would set up some sort of a morning recess feeding plan for some of the first, second and third graders down at the school and work on up to a bowl of hot soup for them at noon, you wouldn't be hearing about some of these little folks lying with their heads on their desks and some of them becoming faint." These two women called committee meetings and reported back to this doctor of medicine that the job seemed too big and might not be popular.

Then this terse reply came from the doctor who had done no end of free medical care through the years: "Children must be fed if they are to stay well. They can't stay at school six or seven hours, eat a cold and perhaps inadequate lunch and do their work in class and live and play

well with each other at recesses and after school." Without further ado and with much cooperation secured over a period of weeks of talk, "recess milk" and "noon soup" were offered. In three weeks teachers were reporting more energetic children among those who specially needed these services. The program was accelerated until all pupils were included.

The relationship between nutritionally adequate meals and good health is, generally speaking, too well known to review. However, the story needs to be told over and over again so that pupils may appreciate and use the services offered them in the hot school lunch and the special milk program in the schools.

From small beginnings in the '20's, one can hardly imagine what public schools would be like without the health-supporting school lunch program of the '50's!

## DADE COUNTY TUBERCULOSIS ASSOCIATION

### EXECUTIVE SECRETARY

Sara Macnamara

Voluntary agencies are an American way-of-life. They have been of tremendous importance in the development of methods, materials and in developing programs for particular sections within the community, or programs for particular fields of special interest — such as health.

The voluntary agency was created for the primary purpose of "education to the individual." The school child provides a basis for group learning. But what of the home? Can the teacher, the public health, or voluntary health agency reach the child through the classroom only?

We attempt to *know the problem*, by knowing the school — administrators, teachers, and the program.

We attempt to *know the community*, by knowing the school needs and the interest in health programs as well as other areas.

Our programs, to be of the greatest benefit to the school child, must be done *with* the school and not *for* the school. Especially ask teachers and administrators to help you with your program. The greatest need for assistance might fall in the field of nutrition, or in the field of dental health.

Through these services offered by the voluntary agency, the health education programs will be strengthened.

An *adult education* program may be needed which will most effectively reach the school child through his parents.



## HEALTH EDUCATOR.

### PINELLAS COUNTY HEALTH DEPARTMENT

Betty Gardiner

The major reason for mediocre school health programs where they exist is simple . . . parents, teachers and administrators are not "sold" on it. The underlying cause for this apathy is not quite as simple.

Foremost is the unwillingness to pay for educational programs because they do not show immediate results. This includes personnel and facilities such as teachers, public health nurses, schools and health centers.

Mr. Average Citizen is also not "sold" on the prevention of disease. Medicine for illness is understandable, but prevention is vague and without immediate reward.

Teachers and principals feel that not only prevention of disease, but correction of defects are parental responsibilities. They question their role in taking over more and more of the parents' responsibility.

Within the professional groups in schools and health organizations, we have still another cause of sporadic health services and teaching. Both groups have entirely different training and experiences. They find they are talking separate languages when they try to work together.

Persons with scientific training, such as doctors, nurses, etc., often use the "authoritarian" approach to their work. They must be definite in their opinions for often a life depends on their decisions. They must "diagnose" a problem and then use a "treatment" which will produce results. In their eagerness to push a solution to physical problems, they have often found themselves working alone . . . finding the same problems, year after year.

The educators, on the other hand, use more the "democratic" approach. That is, problems are solved through group discussions, or are never solved, so far as change in behavior is evident. Results often cannot be measured.

Each group, (teachers and public health workers) are frustrated by the other's methods and we find:

1. Teachers do not have sufficient health knowledge, and they know it.
2. Public health people, parents and teachers do not plan and work together in each school and county for the best results.
3. School administrators often do not give leadership in promoting the school health program.
4. Health instruction is often not meaningful to boys and girls.

The ultimate result is boys and girls who lack an understanding of their own bodies and emotions, knowledge of how to prevent disease, and information about community health.



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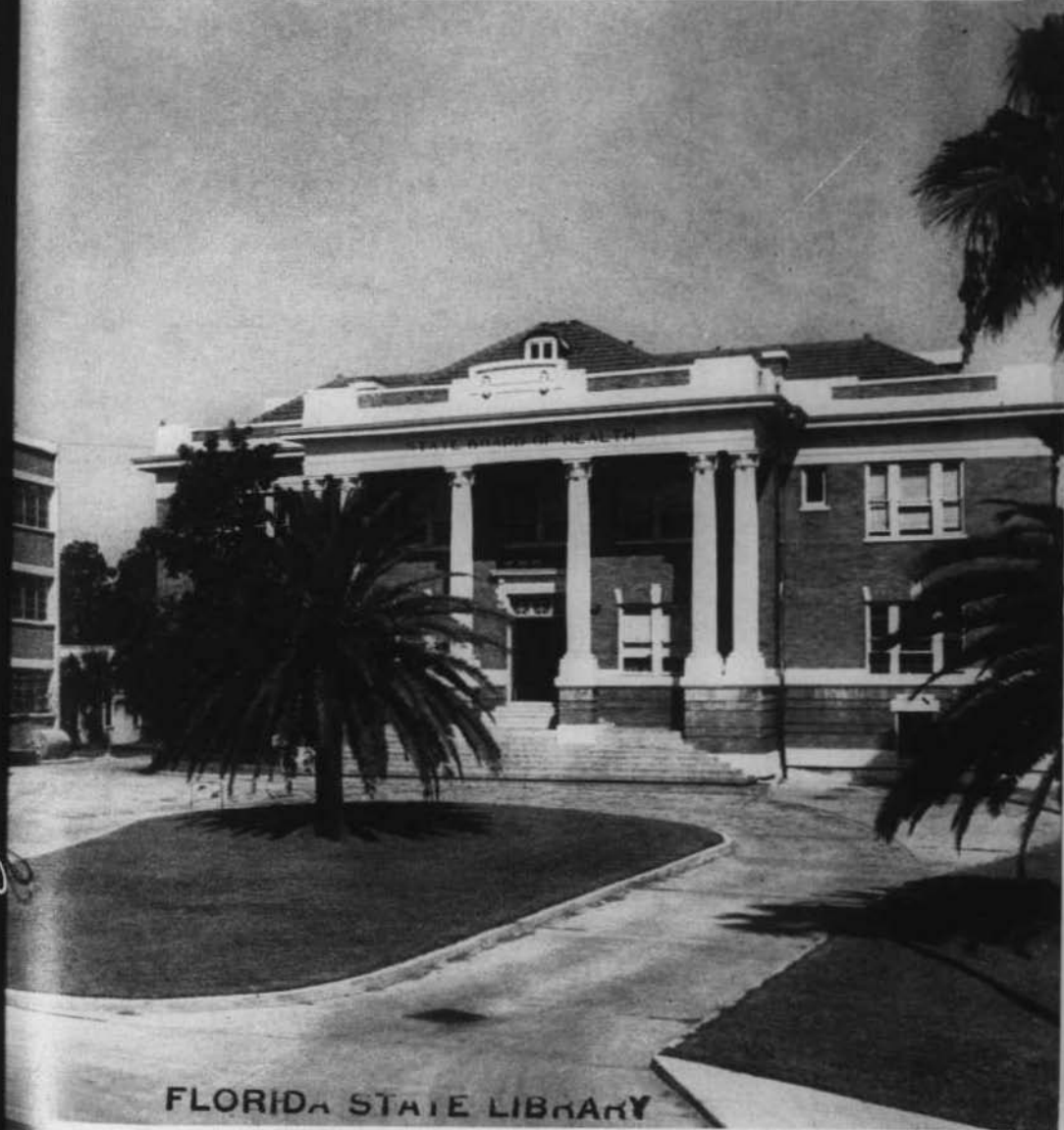
All Counties in Florida have organized county health departments, except  
St. Johns County

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# *Florida* **HEALTH NOTES**



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March  
1957

**HEALTH---**  
**A Local Responsibility**

Vol. 49  
No. 3

# Health--

## A Plea for Public Health in Villages

When a fire breaks out in a village every person considers it a duty to give a general alarm, and, especially, prompt notice of it to the fire department; and all citizens cooperate for the speedy extinction of the fire . . . . . Yet, collectively, the citizens generally do not do for the protection of *life* what they do for the protection of *property* — they do not maintain a well organized health department so generally as they do a well organized fire department. I believe it is because they do not so generally know that lives may be saved by well organized health departments, or because they do not know the value of human life to the community.

From Florida Health Notes  
June, 1892

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### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

# A Local Responsibility

*"Hello, how are you?"*

How many times a day do you say that? Why is it a universal, almost automatic, greeting?

Because health is of the utmost importance to everyone. Therefore, we show our interest in our neighbor's well-being by this polite query when we meet.

The health and well-being of every person in the community is of great importance to your county health department. For it is charged with the responsibility of guarding the public's health all day — every day.

How do health departments go about this important task? What do they do? What are their problems? How are they financed?

Let's visit one of Florida's county health departments and find out. This is not one of the largest or the smallest health departments — just an average size. It is now housed in a beautiful, modern building, the Frank M. Hall Health Center. Dr. Hall was the Director of the Alachua County Health Department for many years until his death in 1955. Below is shown the new home of the Health Department in Gainesville, Florida.





Dr. Edward G. Byrne is the director (directors are often known as County Health Officers). One of the youngest of Florida's health officers, Dr. Byrne obtained his M.D. at the University of Louisville and his Master's degree in Public Health at Harvard.

Upon his shoulders rest the manifold administrative responsibilities of running an active, efficient health department. His problems are many and of an infinite variety. Here he is shown discussing finances with one of the County Commissioners, Edgar Leo Johnson of Gainesville.



County Health Officers must be good at finances and budgets. Money to run a health department comes from several sources and must be carefully reported and accounted for. The Alachua County Health Department is financed as follows:

Funds for 1956-57 came from:

State (which included Federal monies)	\$31,750
County	62,951
City	11,600
School	5,000
Total	\$111,301

Keeping up with the needs of a rapidly increasing population is a headache to almost all local health departments. In no county has the population shown a more dramatic increase than in Alachua. The graph shown tells its own story.

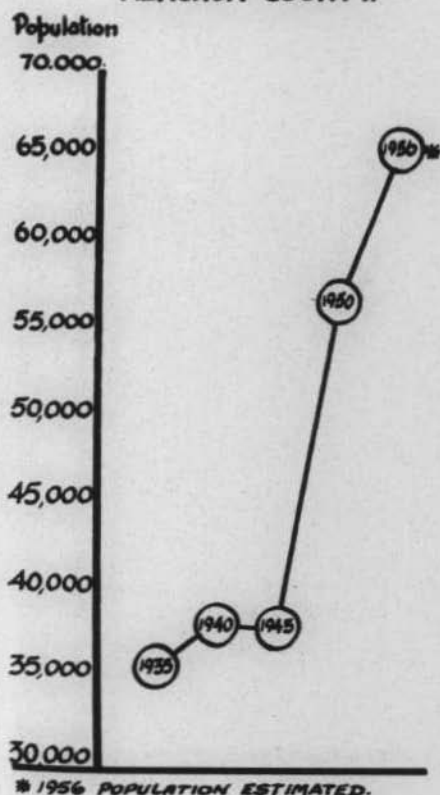
1935	-----	36,481
1940	-----	38,607
1945	-----	38,245
1956	-----	65,900 (estimated)

This sharp upswing in population is the same for the entire state.

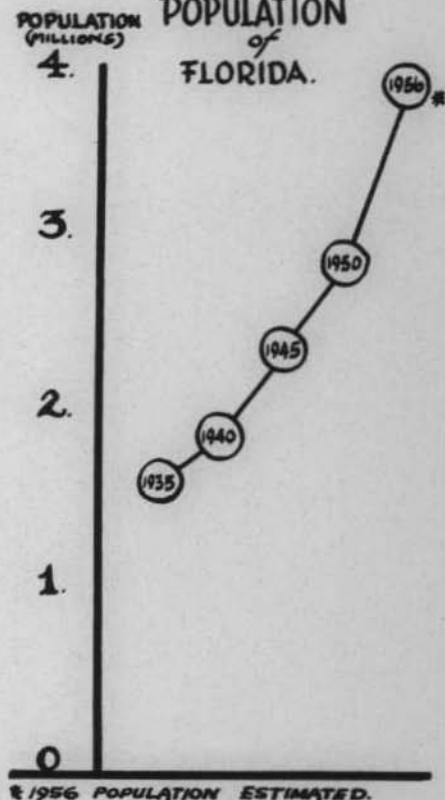
1935	-----	1,606,842
1940	-----	1,897,414
1945	-----	2,250,061
1956	-----	3,875,700

In most county health departments the number of staff members has not increased to keep up with the increased number of people to be served. Consequently, the work load on each employee gets heavier and heavier. For example, take just one phase of a public health nurse's

#### POPULATION OF ALACHUA COUNTY.



#### POPULATION of FLORIDA.



duties — the school health program. Every jump in school enrollment means that many more children to see.

In their trim uniforms and jaunty caps, carrying their indispensable bags, public health nurses are a familiar sight — in private homes — schools — clinics — nursing homes, wherever their duties take them.

And they travel from one end of the county to the other. There are never enough hours in the day for a public health nurse. Let's follow one and see some of the activities which make up her daily routine.



*Conferring with teacher on some special health problems of her pupils*



*Conferring with Supervisor of Nurses before beginning day's work.*



*Visiting a convalescent patient at a Home for the Aged.*



*Visual testing at Junior High School.*



*Home visit with expectant mother.*



*Assisting the doctor at a rural clinic.*





*Teaching a class of mothers-to-be in the care of the baby. This class is composed of private physicians' patients who are expecting their first child.*



*In company with sanitarian, making routine visit to nursery school.*



*Checking with a newly discharged patient from the TB Hospital in Orlando. She lives in a trailer.*

The public health nurse also plays an indispensable role in the fight against tuberculosis.

### ***Before and After***

Following up suspected and active cases of tuberculosis, after mass X-ray surveys have been made, is part of the public health nurse's job. A person with tuberculosis finds a friend in the public health nurse both before and after his hospitalization.

She may visit his home — help him make preparations to enter a State TB Hospital — arrange for other members of the family to be X-rayed and tell them how to protect themselves against the disease as long as he remains at home.

After his return, she is notified by the hospital of his discharge and what medicines he is taking. She will visit him to see if he is taking his medicine and to check on his general state of health. She talks to him about adjusting to being home, his employment and daily routine.

She reassures him that the county health department is ready to help him in his fight to re-establish himself in his home and the community.



*Conferring with the family of a recently discharged patient at Chattahoochee.*

One of the newer duties of the public health nurse is working with patients discharged from our mental institutions, such as Florida State Hospitals at Chattahoochee and Arcadia.

The county health department and the public health nurse are working more and more closely with the State Mental Hospitals in an effort to aid the recovery of the discharged patient and to help him re-orient himself to his family, friends and community.

A letter is sent by the State Hospital to the county health department regarding the patient, his type of mental illness and when he was furloughed home. The patient is also advised that he can find help at his local health department. (See sample letters). The nurse works with both the patient and his family in an effort to help them all back to a normal life. Sometimes the process of becoming a part of a family again is a painful one and the nurse stands ready with help, advice and information as to where other professional services are available.

To further prepare the nurses for this type of work the State Board of Health and the staff of the State Hospital at Chattahoochee in October, 1955, began an orientation program for public health personnel. The nurse spends a few days at the institution and sits in on consultations, observes treatments, hears lectures, etc. . . all designed to help her in dealing with a mentally disturbed patient.

## CLINICS SE



Waiting — Prenatal Clinic.

Mama has her third polio shot  
and baby is getting her first DPT  
(Diphtheria, Pertussis, Tetanus)  
injection.



WE ALL AGES



*Local physicians volunteer services to local clinics. A tumor clinic is here in progress.*

*Getting chest X-ray as part of examination for Health Card.*





To aid the nurse in this phase of her activities the following letters are sent to the family of the discharged or furloughed patient and to the health department:

**FLORIDA STATE HOSPITAL**  
**Chattahoochee**

RE: \_\_\_\_\_

Dear

The doctors at the Hospital believe that you may need further help with questions that may arise while your husband is on furlough. Thus, we have sent your County Health Department John Smith a statement of your husband's treatment and progress while in the hospital.

You may shortly hear from or have a visit from one of the nurses from the Health Department to see how they might be of help to you. A variety of professional services is available to you either directly or through referral to other resources in your community.

We hope you will take advantage of this opportunity. We will continue to follow with interest the progress of the patient in his medical, social and economic adjustment.

Yours very truly,  
J. T. Benbow, M. D.  
Clinical Director

January 8, 1957

Edward G. Byrne, M. D.  
Alachua County Health Officer  
Gainesville, Florida

Dear Doctor Byrne:

The following patient from your County was released on furlough status, and is returning to your community. In case the family contacts you, the following information may prove useful. Any help you might be able to give in readjustment and rehabilitation of this patient will be appreciated. On 1/3/57 to mother A-6299.

*Patient's Name:* John Smith      *Furloughed to:* Mrs. R. L. Smith  
Somewhere, Florida

*Age:* 45

*Admitted:* 11/11/39, four furloughs, last readmission 11/13/56

*Diagnosis:* Schizophrenic Reaction, Paranoid Type

*Condition on Admission:* Incoherent, evasive, insight and judgment nil, confused

*Condition on Release:* More interest, answers more reliable

*Treatment while in the Hospital:* Thorazine mg 100 t. i. d.

*Recommendation:*

*Supervision Necessary:* Familial

*Medication:* Probably should continue Thorazine under Physician

*Employment Status:* Simple clerical or manual under strict supervision

Very truly yours.  
J. T. Benbow, M.D.

*Dr. Byrne and Hospital Administrator examine an application for hospital care.*



## Hospitalization For The Indigent Program

Alachua County is one of the Florida counties which is participating in the Hospitalization for the Indigent Program which went into effect January 1, 1956. Under this program, designed to provide hospital care for those unable to pay for it, cost of the care is borne by the County and the State. It is hoped that a larger portion of the care can be borne by the State if additional funds are provided by the 1957 Legislature.

Figures available for the first three quarters of 1956, January through September 30, show the following was spent by the Hospitalization for the Indigent Program in this particular county:

Alachua County contributed	\$28,669.17
State contributed	6,463.76
Total spent	35,132.93

Number of patients receiving hospital care under this program	156
Number of days care rendered for above patients	2,101

For the same three quarters ending September 30, 1956, in the State as a whole, the following expenditures were made under the program:

County Funds Expended	\$257,825.34
State Funds Paid to Counties	114,647.05

Total Funds Expended	\$372,472.39
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## BEHIND THE SCENES

A smooth-running health department requires efficient help "behind the scenes". Many of the details, data and all the many chores required are handled by health department personnel shown below.

*Checking on an immunization card to see when next polio shot due.*



*The telephone never stops ringing. "My child has just been bitten by a dog — what shall I do?" My boss says I have to have a health card. Is this where I get it?" And on and on. Handling telephone calls is an important part of the day's duties.*



*Registering births and deaths keeps this young lady busy. Total births recorded for Alachua County during 1956 was 1,926 — deaths registered totalled 589.*



## THE SANITARIAN IS A BUSY MAN

We followed the public health nurse on some of her many activities. Equally busy at his job of guarding a community's health is the *sanitarian*. Checking on health hazards that may occur in drinking water, milk, food, sewage and garbage disposal, water pollution, insect breeding, etc., is his job. Also health education, rat control, rabies control, fire hazards in nursing homes and many more.

A large portion of his time is taken up by complaints coming under the general heading of "sanitary nuisance". These may be complaints about chickens crowing or dogs barking at night, the neighbor's smelly septic tank, burning of trash, water standing, garbage dumped on the side of the road, weeds on vacant lots which are harboring rats and snakes, and so on and so on. "Please take care of this immediately" is usually tacked on to the complaint.



*Checking on meat at the local meat market.*

*Reading the thermometer on a milk storage vault at the dairy.*





*Taking a sample of water at a trailer camp for testing by the water laboratory.*



*The garbage disposal facilities outside the school lunchrooms are carefully checked.*





*This stray pup at the local animal center is getting his rabies shot.*



*Widening and deepening this once sluggish little stream has eliminated it as a mosquito breeder.*



*Visiting nursing homes with the public health nurse is one of his newer duties.*



*This new subdivision is going to have a sewage treatment plant instead of septic tanks. All sewage treatment plants and water plants are on the sanitarian's "regular beat".*

## MENTAL HEALTH WORKER

More and more time and attention is being given the problem of mental health by county health departments. In cooperation with the State Board of Health, several county health departments (particularly in areas where there are no mental hygiene centers or clinics) are using mental health workers. As this issue of Florida Health Notes goes to press, definite arrangements are being made to make the services of a mental health worker available to the Alachua County Health Department.

These workers render valuable consultation service to teachers, private physicians, judges, officers in civic organizations and other groups working in the field of mental health. They also help in referring patients to the nearest available clinic facilities which can accept them, and work with Florida's mental hospitals.

The State Board of Health is anxious to increase the number of mental health workers so that all areas without any clinic services for the mental and emotionally disturbed will be served.



### *They Belong to You*

County health departments belong to you and your community. You finance them, either directly on a local level or indirectly through state and federal funds. The extent of the services they render is largely up to you.

Fortunately, local demand for more and better health services, better quarters for its health centers and additional personnel is increasing. Public awareness of the part the local health department plays in their personal health and the livability and safety of their home towns is all important.

Like the fire department, public health is concerned chiefly with two basic things — eliminate the fire (health) hazards and douse every tiny "blaze" that appears before a "fire" gets going.

We have hit only the high spots in our picture story. We do not have space to illustrate many other important services, such as venereal disease control, laboratory services, special health education, control of chronic diseases, nutrition education, and various others.

All these activities have only one aim, protection of your health—the greatest gift of all.



*This unique dental clinic is manned by U. S. Public Health Service personnel. The building is actually moved from school to school and stays until all children in a school have been examined and those whose parents give permission are treated.*



*Members of the Junior Welfare League are faithful volunteer workers at clinics held at the health department.*

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# HEALTH NOTES



APRIL  
1937

WEIGH OF ALL FLESH

Vol. 49  
No. 4

## DESIRABLE WEIGHTS FOR MEN

Ages 25 and over

<i>Height (with shoes)</i>		<i>Weight in Pounds (As ordinarily dressed)</i>		
<i>Feet</i>	<i>Inches</i>	<i>Small Frame</i>	<i>Medium Frame</i>	<i>Large Frame</i>
5	2	116-125	124-133	131-142
5	3	119-128	127-136	133-144
5	4	122-132	130-140	137-149
5	5	126-136	134-144	141-153
5	6	129-139	137-147	145-157
5	7	133-143	141-151	149-162
5	8	136-147	145-156	153-166
5	9	140-151	149-160	157-170
5	10	144-155	153-164	161-175
5	11	148-159	157-168	165-180
6	0	152-164	161-173	169-185
6	1	157-169	166-178	174-190
6	2	163-175	171-184	179-196
6	3	168-180	176-189	184-202

## DESIRABLE WEIGHTS FOR WOMEN

Ages 25 and Over

5	0	105-113	112-120	119-129
5	1	107-115	114-122	121-131
5	2	110-118	117-125	124-135
5	3	113-121	120-128	127-138
5	4	116-125	124-132	131-142
5	5	119-128	127-135	133-145
5	6	123-132	130-140	138-150
5	7	126-136	134-144	142-154
5	8	129-139	137-147	145-158
5	9	133-143	141-151	149-162
5	10	136-147	145-155	152-166
5	11	139-150	148-158	155-169
6	0	141-153	151-163	160-174

# THE WEIGH OF ALL FLESH

"Let's stop and have a bite!" "Come on, I'll buy you a cup of coffee!" Familiar phrases? Yes, they are. People like to eat. Food is so friendly. In fact, many of us like to eat so well, we overdo it. As a result, we join with millions of other Americans in being overweight. People with excess flesh suffer many potential dangers insofar as their health is concerned.

Since it is generally agreed by medical authorities that overweight is a result of eating more food than our bodies burn up through exercise, let's stop to think about food. What does food mean to you? Do you realize that you tell others a great deal about yourself by the way you eat, by what you eat, and by what you offer others to eat?

We all have reasons for eating as we do. Habits and attitudes acquired early in life within the family group influence us. The salesman, for example, who grew up being given "reward foods" for jobs well done, may be inclined to treat himself to a steak when he obtains an order he has worked hard for.

Today, almost everybody is trying to gain weight, trying to maintain his weight as it is, or trying to lose weight. Perhaps, then, if we understand some of the meanings

of food, we can better understand why we eat as we do.

## *Food and Some of its Meaning*

Food and eating are social in nature. They represent friendliness, warmth and acceptance. In terms of modern living, a dinner given in honor of a person for the purpose of expressing appreciation, admiration and respect serves as a good example.

Food seems to offer a direct line of communication to others. Many parties do not have the "ice broken" until dinner is served. Or, consider the business luncheon. It is not popular just as a time saver, but because many people find it easier to talk in a relaxed atmosphere over food.

Food speaks a language. For example, as cooks, the way we prepare it may please, excite or bore people. As eaters, we may express resentment, indifference, or sadness by the way we pick at or dawdle over the food served us.

Some people even believe that there are masculine and feminine foods. Consider a steak. The idea of the masculinity of meat, we are told, dates back to pio-

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### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.



neer days and the energy and activity we associate with prospectors and cowboys. Many a homemaker consciously or unconsciously remembers this. Though she may be fully aware of the fact that eggs and cheese are rich sources of protein just as meat is, she seldom centers a meal around a main dish of one of these items. Somehow, when there is a man around, "he just needs the strength he gets from meat!"

To some people, fruits mean love and affection. Haven't we all taken an apple to the teacher or sent a gift basket of fruit to a friend? There are those, too, who say that fruit expresses beauty and basic accomplishments never expressed through other foods. The "peaches and cream" complexion may be cited here.

The age limitations associated with foods are interesting. How many times do we hear "she is too young for that kind of food" or "milk is for babies." Foods like peanut butter and raw carrots are often associated with childhood; olives, on the other hand, symbolize the sophistication of adulthood. Given the right situation, food can make you feel very young or very old.



Some foods are linked with special holidays or seasons of the year. Turkey is a Christmas and/or Thanksgiving food in many homes. Easter means, insofar as food is concerned, ham and hot cross buns in many homes throughout the nation. Some people have grown up with "family or everyday foods" and "company or Sunday foods."

Some women may express their love and devotion to their families through the care and thought with which they prepare and serve meals. Other women dislike food preparation. To them, it is a chore to be finished in the least possible time with the least possible effort. If a woman likes to cook and serve food in new and interesting ways, meals are apt to take on a festive air which tend to cause people to linger at the table. If a mother dislikes cooking, eating is apt to be a fairly fast and silent affair.

We might go so far as to point out that our response to certain requests, our general outlook on life is frequently colored by the way we are fed. Many a woman has succeeded in wheedling a new dress or the promise of a new car after getting her husband in a completely happy and contented frame of mind by serving him his favorite foods.

To eat is human. This has been true since Eve gave Adam the apple. It is a basic part of our daily living. Television quiz shows and songs like the recent hit, "If I'd Knowned You Was a Comin', I'd a Baked a Cake", attest to the fact that we are *food conscious* people. Now, let's look at what happens when we fail to be *weight conscious* at the same time.

## Does Fatness Run in The Family?

Some people think that children of a family of overweight parents and grandparents will automatically become overweight. Most experts do not agree that this is true, but they do feel that their chances of becoming overweight are better. If everyone in the family eats large quantities of foods, the child's eating habits are likely to become the same, because food will constantly be urged upon him. So far, obesity has not been proved to be handed down from one generation to another. You don't have to be overweight just because your parents are.

## Why Obesity?

Obesity is not a simple thing. We have already said that obesity is generally attributed to the fact that our *food intake* is greater than our *energy output*. But there are other factors to be considered. Your physical condition and emotional problems play their part, too. Herein lies the reason why the average person should not attempt to treat his problems without the help of his physician.

When is a person overweight? This is a difficult question to answer because body build, muscle mass as compared to flabby fat, and other things enter the picture. A simple device to follow as a quick check, however, is to pick up a fold of skin along the lower part of your rib cage. If the fold is more than an inch in width, it is time for you to seek help. If you don't want to try the "pinch test", just take a good look at yourself in the mirror!



If you are overweight, ask yourself which of the following three types of individual you are. (These categories were set up by a person who has done a great deal of work with obese individuals.) The *first type* is the individual who is relatively stable emotionally. He likes good food and therefore enjoys eating. He has little or no knowledge of food values and so without realizing it, he gradually begins to add pounds. This person can, with a good understanding of food values and a little self-discipline,



take weight off. He can usually keep the weight off once he loses it, if he understands what his "maintenance diet" is.

The *second type* individual is the person who is apt to be anxious, tense and insecure. This person turns to food as a release from tension when problems arise which he feels he can't solve, just as some people turn to alcohol. Overeating may not be a continuous process with this type person. What he needs is some other means of relieving tension and anxieties and some assistance in helping to overcome them.

The *third type* individual is one with deep emotional problems. This may be a person to whom food has become a substitute for feelings of well-being, comfort or contentment. Food may be his means of adjusting to his surroundings. To a person like this, a big body may seem good because in his mind, it symbolizes independence, importance and producing fear in others. Through his largeness, he

can express his need to dominate others and to be recognized. For this person to lose weight is almost impossible until the basic problems bothering him are solved. We might add that it isn't even wise for him to attempt a reducing program until he gets specialized help.

## **Overweight - Dangerous**

Our purpose is not to try to frighten you, because we know that reading about the dangers of obesity doesn't really worry the average overweight individual. If his best friend drops dead of a heart attack and the physician says, "With all that fat, he didn't have a chance," then Mr. Average Overweight will begin to look at himself in terms of doing something about his excess flesh.

According to insurance company figures, there is little doubt that fat people, as a whole, seem to die younger than those of normal weight. And furthermore, the heavier the individual, the higher the death rate.

Death rates are of concern to us, but what happens to us while we are living is of more interest. We now know that there is a significant connection between obesity and certain diseases such as diabetes, high blood pressure, cancer, kidney disease and coronary heart disease. Compared with a person of normal weight, the overweight individual's chances of developing high blood pressure are 3 to 4 times greater; for developing diabetes it is 4 to 5 times greater, and for coronary heart disease it is 2 to 3 times greater. The risk of surgery for the obese person is 2 to 4 times greater than that of the person of average weight.

We all recognize the fact that the heart has to work harder for the overweight person. Many of us do not stop to think that the joints are not apt to stand up as well under excess poundage. How many stout persons that you have known had to go to the doctor for backache or leg pains?

### ***Another Reason or Two for Not Being Fat***

Personal appearance is certainly something most of us are conscious of. Some business firms refuse to hire anyone who is extremely fat because the individual doesn't look well in his clothes. Such a person may move about too slowly, knock over things and take up too much space if the office is small.

Many obese individuals are accident prone — that is, they seem to

have many accidents — often because they can't see their feet or see where they're putting them.

It's a case of money, too. Aside from the larger quantity of food such a large individual has to buy, he also has to purchase outsized clothing which costs more. Besides that, the choice is limited.

Huffing and puffing from walking up steps and tiring easily is most annoying to a fat person because there is so much to do in this busy world we live in.

Let's face it, the average fat person doesn't *look as well, feel as well*, and *isn't as well* as the average person of normal weight.

### ***Overweight, So Now What?***

The old adage, "An ounce of prevention is worth a pound of cure",

## **DEATH RATE GOES UP WITH EACH EXCESS POUND**

**Among moderately fat men,**  
the death rate is . . . . . **42% higher** than  
among men of normal weight.

**Among very fat men,**  
the death rate is . . . . . **79% higher** than  
among men of normal weight.

**Among moderately fat women,**  
the death rate is . . . . . **42% higher** than  
among women of normal weight.

**Among very fat women,**  
the death rate is . . . . . **61% higher** than  
among women of normal weight.



certainly applies to the obesity problem. Overweight is usually more easily managed when you first begin to gain than when it is well established. Once you are overweight, it is hard to get back to normal. We recognize the fact that it isn't always as simple as "cutting down a little on your food." If you are overweight, *first* quit trying to excuse it; *do something* about it.

Second, see your physician before you begin any plan. But don't go to him if you are not convinced that the results in the long run are going to be worth the effort and the self-discipline that will be called for.

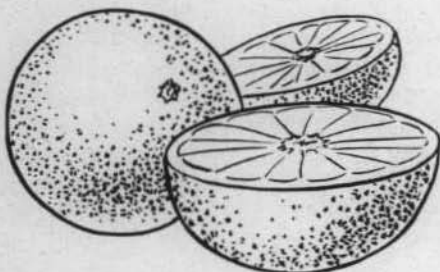
Third, remember that it is generally easier to put on weight than it is to take it off. You didn't gain it all at one time, so don't expect to lose it all at once.

Fourth, don't fall for *fad diets* published in popular magazines or any of the numerous *reducing aids* so widely advertised today.

## What About Reducing Aids?

**DRUGS.** There are three or four drugs available to physicians which can help a fat person reduce. These can be secured on prescription only, and should be used only as the doctor orders. How these drugs work is not exactly known, but they do "depress" the appetite.

**APPETITE CURBERS.** Many of these are made up of milk powder, sugar and flavoring. They are really just expensive candy. They raise the blood sugar and make you feel better. The same effect could be secured from an ordinary piece



of hard candy or cheese, or other much cheaper foods.

**PILLS AND WAFERS.** There are several varieties. Some of the pills contain purgatives. These cause you to lose body fluids so there is an apparent rapid weight loss. They also tend to interfere with how food is used by the body. This is not good and may make for future trouble. Some of these wafers or pills contain "cellulose" which swells up after it reaches the stomach. It is true that you may have a "full feeling" so you eat less food. But this can lead to the omission of some of the essential foods we need and may also be too much roughage for the sensitive digestive system to tolerate.

**CREAMS AND MASSAGE.** To date there is no cream that will enter the skin and melt away fat. Massage may help firm up flabby muscles and give you the feeling and appearance of being trimmer, but a check with the scales will probably reveal the same weight you had in the beginning.

Don't forget, advertising is done to sell a product! Weight reduction — especially the easy way, is something the public is naturally interested in.





In the interest of avoiding public deception and maintaining public confidence in the integrity of advertising, the National Better Business Bureau has drawn up the following "Recommended Minimum Standards for Advertising and Selling of Alleged Weight-Reducing Products Involving 'Plans'".

"(1) Advertising an alleged weight-reducing product should clearly and conspicuously disclose that use of the product involves a 'plan' when such is the case.

(2) Advertising of an alleged weight-reducing product for use as a part of a 'plan' should not state or imply that use of the product alone will cause weight-reduction, when such is not a fact.

(3) Advertising of a product for weight-reduction which constitutes part of a 'plan' or 'method' should clearly reveal that a restricted diet is a part of the plan, when such is the case. The National Better Business Bureau believes that any broadcast or printed advertisement which fails to disclose this basic fact conceals material information to which the public is entitled.

(4) Advertising or reducing plans calling for adherence to low-calorie diets should not represent them as 'easy' or as enabling reducers to 'eat all you want', 'eat the foods you want', etc.

(5) Advertising should not make appetite-curbing or hunger-appeasing claims for substances not recognized as possessing those values, unless such claims are supported by competent proof in the form of carefully controlled clinical studies which establishes that:

- (a) Obese users of the product are thereby enabled to adhere to the low-calorie diet prescribed as essential for weight-reduction without experiencing hunger and its attendant discomforts; and
- (b) use of the product as prescribed will not be injurious to the health of users.

(6) Advertising should avoid exaggerated and deceptive claims of specific weight losses within specific periods.

(7) Advertising claims for weight-reducing products and plans should be consistent with labeling and instructions for use accompanying the product." \*

If you have some of these reducing-aids on hand, study them to see if they measure up to the above.

\* Standards for Advertising and Selling Weight-Reducing Products, Journal American Dietetic Association 32:820. September 1956.

## They All Mean Practically The Same Thing!

CHUBBY	— Plump and round
PLUMP	— Chubby and fat
STOUT	— Having a bulky body
FAT	— Fleishy; plump
OVERWEIGHT	— Excessive or burdensome weight
OBESE	— Excessively corpulent; very fat

### *On and Off Dieting*

With all the talk about the dangers of obesity, it may seem strange that we suggest dieting can be dangerous.

Most fat people think they want to lose weight, and many of them do, but they don't often keep it off. Why? Perhaps they weren't really convinced in the first place. It was harder than they thought; they don't really believe there is much to this idea of overweight being dangerous; they just get so weak and hungry they can't stand it; life isn't worth living without any of the good things, etc.

This "off and on" business is really worse, in most physicians' opinion, than continued overweight. It is believed that the period during which weight is being gained, called "active obesity", is more dangerous than the period when weight remains too high but fairly constant. The latter is known as "static obesity". For one thing, we hear a great deal today about fatty deposits in the blood vessels that eventually cut down the circu-

lation. It is believed that these deposits are put down during periods of rapid weight gain. Likewise, few of us stop to think that for every excess pound of fat, the body has to overwork its circulatory system in order to nourish it and to remove wastes.

On the other hand, rapid weight loss can be bad for virtually every body system, putting stress on gland functioning, disturbing blood-cell formation, deranging body metabolism, altering many phases of body chemistry. The wear and tear of repeated loss and gains may result in failure of an already weakened body organ.

Dieting may also lead to such things as severe mental depression, weakness, dizziness, etc. It may start up again an old case of tuberculosis, or even bring on a flareup of thyroid disease. Conditions such as these are often associated with our "nutritional storehouse" (body) and what we are doing to it. There is sometimes a connection between these ills and the fad diets frequently used by fat persons.

# Calorie Requirements for Various Activities

## A. Domestic Occupations

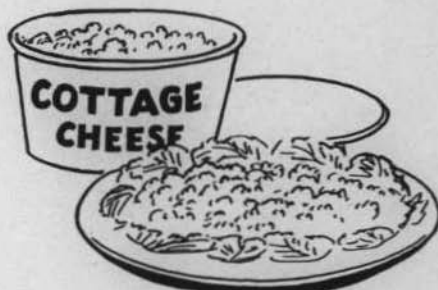
Activities	Calories Per Hour
Writing .....	10-20
Sweeping or dusting .....	110
Sitting at rest .....	15
Standing relaxed .....	20
Dressing and undressing .....	33
Ironing (with 5 lb. iron) .....	59
Dishwashing .....	59
Sweeping bare floor .....	84
Writing .....	20
Sewing .....	25-30
Polishing .....	174

## B. Industrial Occupations

Mental Work .....	7-8
Carpentry, metal working, industrial painting .....	155
Sawing wood .....	395
Locksmith (light work) .....	117
Riveting .....	276
House-painting .....	160
Bookbinder .....	81

## C. Physical Exercise

Walking .....	150-240
Running .....	800-1000
Swimming .....	300-700
Climbing .....	400-900
"Light exercise" .....	85
Walking slowly (2.6 mph) .....	115
"Active exercise" .....	205
Walking moderately fast (3.75 mph) .....	215
"Severe exercise", walking very fast (5.3 mph) .....	565
Standing at ease .....	2-3
Sitting at lectures .....	13
Standing at attention .....	16
Rowing .....	1,240



## Get-Thin-Quick Fad Diets

Pick up any popular magazine today and you will find something about dieting. Some of the advice given is good, some of it is unsafe if followed. Let's examine a few of the current fads and see why this is so.

The Rockefeller Diet is a craze at the moment. This is a low-protein diet where you can have as many calories as you wish. It was begun at the Rockefeller Institute for Medical Research as a part of a series of scientific studies. The people participating in these studies were either hospitalized or under careful medical supervision. The physicians who began it have stated that they felt this supervision was necessary both from the weight loss standpoint and for guarding against possible liver damage due to the low protein content of the diet.

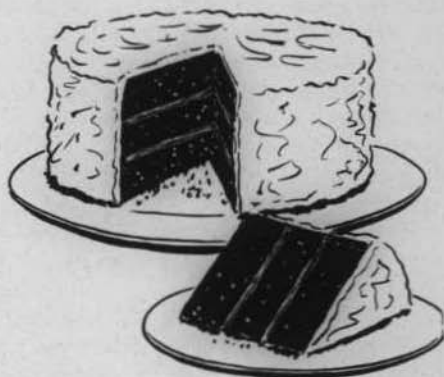
Protein is the food element essential for the growth and repair of body tissues. A lack of protein may help cut down hunger pangs, but stop to think how many important vitamins and minerals you also cut down on when you don't eat enough meat, fish, poultry, eggs, cheese and milk. A diet of this kind may be particularly bad for adolescent girls who seem more liable to anemia and tuberculosis; to people convalescing from illnesses; to women in their child-bearing years, and to people subject to liver ailments of any kind.

Contrary to what the popular magazine articles would have you believe, the people on this early experimental diet did not stick with it; the weight they lost they soon

gained back. The originator of the diet regrets that it fell into a layman's hands because of its dangers for the user if followed for a long period of time. We quote him as follows: "We regret that the writer of the Look magazine article failed to give adequate warning against the hazards of extreme restriction. We did not participate in the writing of these magazine articles or give them our approval after completion."

The "crash diet", "fabulous formula", or "liquid diet" is another which originated at the Rockefeller Institute. Like the so-called Rockefeller Diet, it too appeared in the scientific literature back in 1954. This diet which consists of evaporated milk, vegetable oil, dextrose, and water was likewise developed for a series of scientific studies. A formula such as this was easy to prepare; it was economical, and was always the same. Where precise measurements of food intake were being made, this was more desirable and accurate than a mixed diet of natural foods.





This diet, like others, swept the country. In fact, it gained such rapid acceptance that druggists actually had difficulty keeping supplies of dextrose on hand. While this diet may contain a fair amount of protein, many of the people subscribing to it did not buy the vitamin pills recommended along with it when they went to the drug store for dextrose.

Dr. Frederick Stare of Harvard University has pointed out that the same nutrients and same number of calories could be obtained by drinking 4 ounces of orange juice, plus seven 6-ounce glasses of whole milk, rather than 20 ounces of formula. But do you want to spend the rest of your life drinking your meals? Dr. Stare also points out that stubborn constipation is one of the many problems apt to rise from following this liquid diet.

The "blitz" or cottage cheese and fruit diet is another that has enjoyed much popularity during the past year. Contrary to reports in magazines, this diet will take weight off, *but* it won't keep it off. The diet as described in detail for the magazine reader was "not a

way of life" but was supposed to be tried for a few days at the time. The diet is low in numerous essential nutrients and fast grows unpalatable. However, we do know of one individual who thought if a few days made her lose so much weight, she'd try it for a longer time. At the end of a two-months period on the diet, she began to lose her hair. The specialist to whom she went diagnosed her condition as that of malnutrition.

Even though the writer of the article on the "blitz" diet did warn people against following the diet over a long period, she made other statements questionable to the professional person. For example, if an orange was not used, she suggested that ascorbic acid tablets be used. These tablets were to be dissolved in a small amount of boiling water. Students of nutrition early learn that one of the enemies of ascorbic acid (or Vitamin C) is heat. Granted, too much might not be lost in a tablespoon of water, but we must remember that we cannot depend on the public following directions. This is but one of the obvious flaws in the directions with regard to the "blitz" diet.



We could mention the low-fat diet, the banana-milk diet, and the "Mayo" (eggs, spinach and grapefruit) diet. All of them have enjoyed popularity and are continuing to be used by those individuals who think there is an easy way out once they have added those excess pounds.

In the final analysis, diets of this kind usually fail. Why? Because the object of weight reduction from the medical standpoint is not just to "get it off" but to "keep it off." Many of these diets lend themselves to rapid weight loss, we admit that. To maintain weight loss, however, the average individual must change his eating habits.

Changes of this nature take place slowly. If he relies on a fad diet, he doesn't re-educate himself so far as his eating goes, and the weight promptly returns once he has stopped his diet.

### ***Cut Down, Don't Cut Out Foods***

Most authorities agree that a good diet is essential for good health. It is possible for most people to lose weight without cutting out any of the essential foods. For example, the best foods to supply the first 1000 calories are as follows:

1 pint milk	340 calories
1 potato and 2 other vegetables	180 "
2 servings fruit	150 "
1 egg	75 "
1 serving lean meat or fish	150-200 "
1 serving dark bread or cereal	75-100 "
½ tablespoon butter or margarine	50 "
<hr/>	
Total	1000-1100 calories

This means, in the words of the late Dr. Henry Sherman, "No calories without vitamins." If you check, you see that each of the basic food groups which have been declared essential in order to be well-fed are included in this pattern. And few of us who work can settle for less than 1200 to 1300 calories per day.

Granted that there is little allowance in the average low-calorie diet for such items as rich pastry, salad dressings and other such things, you still do not need to go hungry.

The above list of foods, translated into a meal plan and three low-cost meals a day, might be something like this:

## Meal Plan

### BREAKFAST

Citrus or other vitamin C rich fruit  
Egg, 1 cooked without fat  
Skim milk, 1 cup  
Bread, 1 slice  
Margarine or butter, 1 teaspoon  
Coffee, black if desired  
Substitute occasionally whole grain cereal  
for your egg

### LUNCH

Protein food, medium serving as lean  
meat, cheese (cottage or cheddar)  
Green salad or a green vegetable,  $\frac{1}{2}$  cup  
or more  
Lime or lemon juice as a salad dressing  
Bread, 1 or 2 slices  
Margarine or butter  
Fruit, fresh or prepared with little sweet-  
ening  
Skim milk or buttermilk, 1 cup

### DINNER

Protein food, medium serving  
Green or yellow vegetable,  $\frac{1}{2}$  cup, no  
fat added  
Potato, baked, boiled or mashed,  $\frac{1}{2}$  cup  
or another vegetable  
Raw salad if you have not had one at  
noon  
Bread, 1 slice  
Margarine or butter, 1 teaspoon  
Simple dessert as custard or ice cream,  
or fruit  
Coffee or tea, black

## Meals

### BREAKFAST

Orange juice ( $\frac{1}{2}$  cup)  
Oatmeal ( $\frac{1}{2}$  cup)  
Skim milk (1 cup)  
Biscuit (1)  
Margarine or butter (1 teas.)  
Coffee, black

### LUNCH

Hard cooked egg (1)  
Turnip greens ( $\frac{1}{2}$  cup)  
Canned tomatoes ( $\frac{1}{2}$  cup)  
Skim milk (1 cup)  
Bread (1 slice)  
Margarine or butter (1 teas.)

### DINNER

Creamed chicken ( $\frac{1}{2}$  cup)  
Boiled potato (1 med.)  
Green beans ( $\frac{1}{2}$  cup)  
Cole slaw ( $\frac{1}{2}$  cup)  
Cooked prunes (4 med.)  
Bread (1 slice)  
Tea, no sugar

## Calories and Exercise

The subject of calories brings up the question of how many we need each day. We have already told you that you should go to your physician and reduce under his direction. For those of you, however, who belong to the group interested in maintaining your weight where it is at present so that you will not grow overweight, or if you have a mere five or six pounds which you want to remove at the rate of about a pound a week, the following quick check may be helpful:

To estimate your daily quota, multiply your DESIRED weight by 15 if you are moderately active. Science has found that moderately active people need about 15 calories for each pound of body weight. For safe reducing, at the rate of about a pound a week, subtract 500 calories from your daily quota you have estimated above.

Example: A moderately active woman of 30 years OR OLDER who is 5 feet 5 inches tall, should weigh about 124 pounds.

Desired weight:  $124 \times 15$  equals 1,760 calories, less 500 calories equals 1,250 calories per day.

(For a table of desired weights, see elsewhere in this issue of Health Notes.)

Exercise is not generally recommended as the sole method of attacking a weight reduction problem. It is extremely desirable, however, to combine exercise with dieting.

## Other Things To Consider

**SMOKING** — We have all heard such things as "I quit smoking and I gained weight." This may be true, but it is not necessarily the cigarette as such that kept weight down. Does the cigarette serve as an appetite deterrent? Or, is a person capable of eating with more enjoyment when he hasn't been smoking? We are told that people who smoke a great deal get some oral (mouth) satisfaction from it. When they stop smoking, they usually turn to nibbling food or chewing gum instead, and unconsciously add calories that are not needed.

**APPETITE** — There is a theory that our blood sugar level has a great deal to do with our appetite. If the sugar level is kept high enough, you won't be hungry. (Sweets are not necessary to raise blood sugar.) Most authorities urge a good breakfast that will maintain a high level over a fairly long period of time as being desirable. The doughnut may cause a rapid rise, but also allows for a rapid fall, and then the overweight person is apt to find himself eating again. If you have to nibble, nibble scientifically — or, in other words, use part of your day's food allowance.

**APPEARANCE** — Take up your clothes as you go along. It will add to your feeling of accomplishment to think that they must be taken in; it will keep you from being self-satisfied with your accomplishment before you achieve your goal; it will keep your friends from thinking you are starving yourself to death.

**WELL-MEANING FRIENDS —** There are those who will urge food on you. You may as well be prepared for it, and go ready "to do battle" so to speak. By all means, go out and have a good time; just take your discipline with you.

For example, if you have a hostess who will feel hurt if you don't take second portions, see that the first ones are about half the size you generally allow yourself, so that you can take a second and still not go over your quota.

**EAT SLOWLY —** Savor your food. Pause between bites. Should you go to cocktail parties, learn to make one drink last. "I still have some" or "I don't drink and drive" are extremely helpful phrases.

Learn the low-calorie foods and don't be tempted to nibble the others. Black coffee in cold weather, or sour lemonade as a thirst quencher in hot weather can fill the bill as far as making you "one of the crowd" without adding calories to the diet.

**DON'T BRAG —** If you are on a diet, don't make your friends constantly aware of it. They get tired of hearing you talk about dieting,

especially if the results never become obvious.

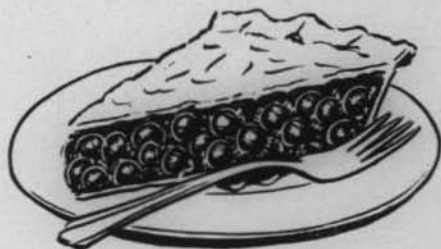
**KEEP BUSY —** Find yourself some new and interesting hobby to keep your mind off your hunger and to keep you from feeling sorry for yourself.

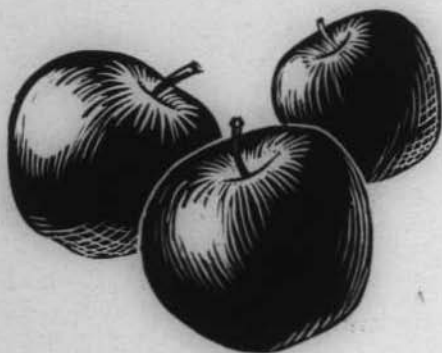
### *Remember:*

Health, at any age, is not a right but a privilege. We cannot give health; we cannot buy health; it must be earned, and like every privilege, it involves the responsibility for its maintenance. This requires the exercise of self-discipline.

In order to apply self-discipline, one must know the fundamentals of good nutrition. Knowledge is not enough. If it is not applied, it is useless. The application of self-discipline in the matter of eating as well as in other parts of our life, is a matter of maturity.

By overeating only 100 calories a day, say two cream-filled cookies, you may gain as much as 10 pounds in one year. The best way to cure obesity is to *prevent* it.





If you are interested in learning more about this subject of overweight and the number of calories in various foods, write to:

Division of Health Information  
Florida State Board of Health  
P. O. Box 210  
Jacksonville 1, Florida



"We cannot and should never expect to remain at one and the same point on the scales at all times. Our weight changes not only from day to day but even from hour to hour. We weigh less in the morning before breakfast and we are our heaviest at bedtime, the increase depending on the consumption of food and liquid during the day. The difference between arising and retiring is usually one-half to two pounds. An eight-ounce glass of water will increase our weight, temporarily at least, by a half pound, and a good-sized dinner may make us three pounds heavier. Over a period of days or weeks the fluctuations, all within normal limits, are even greater. Generally, the heavier the person the greater the fluctuations . . . The greatest service that scales offer in reducing is as a yardstick of progress. Those who lose should weigh themselves regularly and often, at least twice a week. This should be carried out under the same conditions — that is, the same scales, the same time of day, the same amount of clothing. The weights should be recorded in writing. One wag suggested that the best place for scales is not on the bathroom floor but rather on top of the dinner table to serve as a stern reminder."

"Is Your Weight Normal?" Max Millman, M.D. Today's Health, January 1956.



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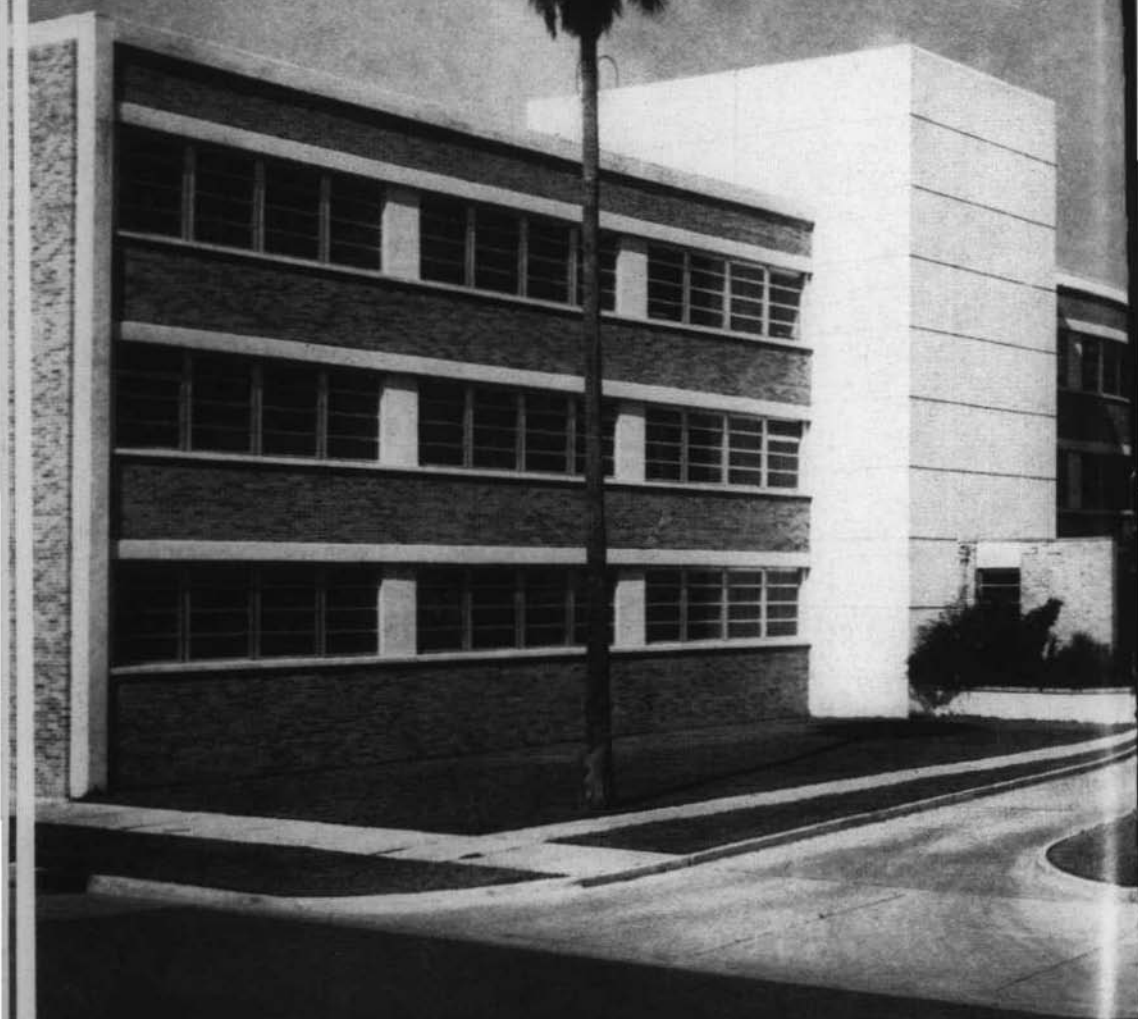
All Counties in Florida have organized county health departments, except  
St. Johns County

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# HEALTH NOTES



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**MAY  
1957**

**LABORATORY SLEUTHS**

**Vol. 43  
No. 5**



## LABORATORY SLEUTHS

A visitor to the chemistry laboratory of the Florida State Board of Health Bureau of Laboratories sees an orderly, quiet place where heads are bent over test tubes and colorimeters and all seems routine and methodical.

But there is drama beneath that placid scientific-looking surface. On the results of those tests being made, a man may go to prison at Raiford for selling marihuana; the correct antidote for poison taken by a would-be suicide may be phoned to the hospital in time to save his life; or an apparent accidental drowning may turn out to be murder. All the raw material of a "Who-Dun-It", intrigue, murder and sudden death, are everyday chores for this laboratory.

To make the picture complete the man at the head of the chemistry laboratory, L. E. McEldowney, bears a strong resemblance to Basil Rathbone's interpretation of the famed Sherlock Holmes. He is casual and matter-of-fact about his work and sighs good-naturedly about the time he has to spend in court, usually on narcotic cases. He smiles over the ordeals he has undergone through cross-examination by defense attorneys. "They try to trip me up by making me mad," he says, "and sometimes they almost succeed."

### *Then and Now*

The chemistry laboratory came into being in one room in September, 1938. It was started by a chemist with the State Board of Health at the request of the State Health Officer. Its chief purpose was to test water samples and the entire staff consisted of Sid W. Wells. "I was it," he says.

The staff is still comparatively small although the work has expanded tremendously over the years and is still steadily increasing. In addition to the director, McEldowney, there is chemist, Hugh Hodgden, whose concern is special chemistry needed by the Bureau of Sanitary Engineering; Ward Huston, who devotes his time to toxicology (identification of poisons), Gertrude Guyton, who tests blood and spinal fluids and Alexander Anderson, who is the specialist on chemical analysis of water.

During 1956, a total of 55,265 tests were made by this small staff. The chemistry laboratory is part of the Bureau of Laboratories, Florida State Board of Health, headed by director Dr. Albert V. Hardy. Besides the main laboratory in Jacksonville, there are branch laboratories located at Tampa, Miami, Pensacola, Tallahassee, Orlando, West Palm Beach, Pinellas County and Daytona Beach.

► *L. E. McEldowney, head of chemistry laboratory, placing confiscated drugs in safe until needed in court as evidence*



## Detecting with Science

These white-coated sleuths have a wide variety of duties and their tests range from blood tests to feathers.

*Blood* — Blood specimens from victims of fatal automobile accidents and others who met violent deaths by drowning, murder, suicide, etc., are commonly sent to the chemistry laboratory for analysis. It is often vital (in determining how an accident actually occurred) to discover if the victim was intoxicated or under some other chemical influence.

Take drowning, or what seems to be drowning, for example. According to the laboratory, tests will show whether a victim was drowned or was dead before he entered the water. What seems to be a case of accidental drowning may turn out to have been murder. A specimen of the blood may be tested for salt content. If the person drowned in fresh water the water will dilute the normal salt content of the blood. If he drowned in salt water, the salt content of the blood will increase. If the individual was dead before entering the water, the salt content will be normal.

Law enforcement officials as well as physicians often ask the laboratory to help them determine cause of death. Recently a man fell from the deck of a ship on which he had been working and was dead when pulled from the water. Did he hit his head in falling and knock himself unconscious? Had he been drinking? Did he drown after landing in the river? Tests showed that he was not intoxicated and that he drowned after he fell into the river.

Accidents take a large toll of human lives in Florida. And account for a large part of the work of the chemistry laboratory. During 1956, there were 2549 accidental deaths in Florida, ranking fourth in the chief causes of death during the year. Of these accidents provisional figures show a total of 1333 fatal automobile accidents. Add to these numbers the 476 suicides and it seems that death took few holidays in our state last year.

Other examinations of blood may not be so dramatic as sudden death but are an essential and important part of the laboratory's functioning. These tests are for anemia and diabetes. They are made for city and county health departments and private physicians.

*Spinal Fluids* — Here gold enters the picture but not as an incentive to homicide. A solution of colloidal gold is used in testing cerebrospinal fluid and other body fluids.

These tests are run to detect diseases of the nervous system, including syphilis, meningitis and tuberculosis. This information is most important to private physicians in determining treatment of patient. Gertrude Guy-

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### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

ton, who does much of the testing of both blood and spinal fluids, has been with the laboratory for over 20 years.

*Water* — The purity of the water that flows from your faucet or is drawn from your well is one of the main responsibilities of this laboratory.

Complete chemical examinations are made of water samples from municipal water supplies collected by the personnel of the Bureau of Sanitary Engineering of the State Board of Health. The purpose of the analysis of the water for its mineral contents is to determine if the water will taste bad (when it contains too much iron), if it will cause deposits in boilers and fail to lather with soap (too much calcium and magnesium), if the natural amount of flourides already in the water is sufficient and more need not be added to prevent dental caries. Also, tests will show if it is free of odor and objectionable color. If there is too much salt in the water, a search for its source is indicated. In wells located close to the ocean or the gulf, salt water sometimes seeps in and contaminates the drinking water.

Fluoridation has added to the work of analysis of water samples. Cities which add fluorides to their water send in samples every two weeks to be checked to see if the amount is correct. The laboratory states that one part per million is the desired amount.

There are some areas in Florida where the water has a natural fluoride content. Samples from the water supplies of these cities are checked to see if the amount is excessive. If so, upon receipt of reports from the chemistry laboratory, the municipality can correct the condition by dilution of the water. Guarding the state's water supply is one of the most important services which this laboratory helps to give. Alexander Anderson, who specializes in water analysis, has been with the Bureau of Laboratories for over ten years.

*Narcotics* — A sizeable portion of the work of this laboratory is concerned with the identification and custody of suspected drugs. Working in close cooperation with the Bureau of Narcotics of the State Board of Health, the laboratory is responsible for two things — the safe-keeping of confiscated narcotics and the testing and accurate labeling of them. These narcotics are seized from persons selling or buying them illegally and may include heroin, morphine sulphate, dilaudid, codeine, demerol, tincture of opium, paregoric and many other preparations.

A large safe is used for storage of the confiscated narcotics and only McEldowney knows the safe's combination. This is important. For when a case comes to trial it is important to prove that confiscated material has not been tampered with and that only the chief chemist has access to it after it was placed in his care.

To prosecute a narcotics case successfully, it must be shown that the investigator found the drugs actually in the possession of the person being tried. Therefore, the evidence must be carefully guarded and McEldowney must take it to court himself in order to present it in person. Many an attorney has tried to get him to admit that others have the safe's combination or that it is written down where others could have access to it. McEldowney answers that the only place it is written down is in his

mind. In fact, his predecessor, Howard M. Nelson, died very suddenly and it was necessary to have the safe opened by a professional "safe blower" and a new lock installed.

About once a year the laboratory and the Bureau of Narcotics sponsors a very expensive bonfire. After a case is closed the "evidence" is placed back in the safe. When many thousands of dollars worth of drugs have accumulated, the safe is unloaded and all items carefully listed. Then it is time to prepare the bonfire as the law requires that such drugs be destroyed by fire. Members of the Bureau of Narcotics and the Chemical laboratory must stand by until the last of this valuable evidence goes up in smoke and the last shred of material is consumed. At a recent bonfire, it was estimated that approximately \$20,000 worth of narcotics (based on the prices it would bring on the illegal market) were burned.

The chemistry laboratory saves the state much money in court trials. When the laboratory reports that the confiscated material is a narcotic, the accused usually changes his plea to guilty and is sentenced. Sometimes the case is fought in court, however, and the laboratory must have a representative with the evidence in court.

One case was peculiar in that the laboratory freed a criminal. The defendant when caught had on his person a recent purchase from a known dope peddler, and was known to use marihuana. He pleaded guilty and was sentenced to serve a prison term at Raiford. He was stepping into a car with a police officer, ready to make the trip, when another officer stopped them. The laboratory report had just been received and it seems the "dope" purchaser had been gypped. What he bought for marihuana was not that at all. He could not be jailed for having some harmless dried weeds on his person.

Narcotic inspectors work long, cautiously and often in disguise to win the confidence of peddlers. They, too, however, occasionally find there is little honor among thieves and addicts. One inspector had been patiently tracking a dope peddler for a long time. He finally won his confidence to the point where the peddler agreed to sell him some marihuana to make into cigarettes. Incidentally, it is illegal in Florida to have marihuana in your possession. The peddler asked the inspector to wait where he was while he went to get the drug. Returning shortly he charged \$5.00 for the contents of a small matchbox with enough marihuana in it to make several cigarettes. Elated, the inspector thought he now had his man just where he wanted him. Imagine his chagrin when the laboratory report showed he had bought a box of catnip (which resembles marihuana). The peddler had just gone around the block to the nearest drugstore and purchased a quarter's worth of catnip.

The above incident is an exception, however, and the Bureau of Narcotics is justly proud of its fine record of suppressing illegal possession and sale of narcotics in Florida and of keeping drug addiction to a minimum. The prompt action and assistance of the chemistry laboratory has helped them make such a successful record. Identification and custody of suspected drugs is handled also by chemist Allen Hill in the Miami Laboratory, which serves south Florida.



*Frank S. Castor, director of the Bureau of Narcotics and Chemist McEldowney check over confiscated narcotics prior to destroying.*

*Feeding the fire. The flames are consuming expensive drugs and narcotics. Mr. Castor is adding a sack full of marihuana to the flames.*





Whether a defendant leaves court free to go where he pleases or begins a grim journey which ends at a prison is, very often, decided in the chemistry laboratory. The white-coated worker who is patiently working with his test tube or microscope seldom sees the defendant — though his work may cause the man or woman to lose his freedom or be confined for treatment as a drug addict.

*Toxicology* — Another important and time-consuming phase of the chemistry laboratory's duties is the identifying of poisons. This work is done for county medical examiners, pathologists, hospitals and physicians as required by law. Identification and isolation of various substances either suspected of being poison or of some legal significance is made. Blood stains, in true detective fashion, are often examined for type of blood and whether it is human or animal.

In this latter instance, there is a left shoe in the safe which played an important part in a murder case. The defendant claimed the blood on it was the result of killing a chicken. Laboratory analysis showed the blood on the shoe was human and of the same type as the murder victim.

Back of the headline newspaper stories of murders, suicides, would-be suicides, fatal accidents, poisonings, etc., the chemistry laboratory's toxicology reports play an essential though unobtrusive part. These tests are made from autopsy material (tissues of the body) or from examination of stomach contents.

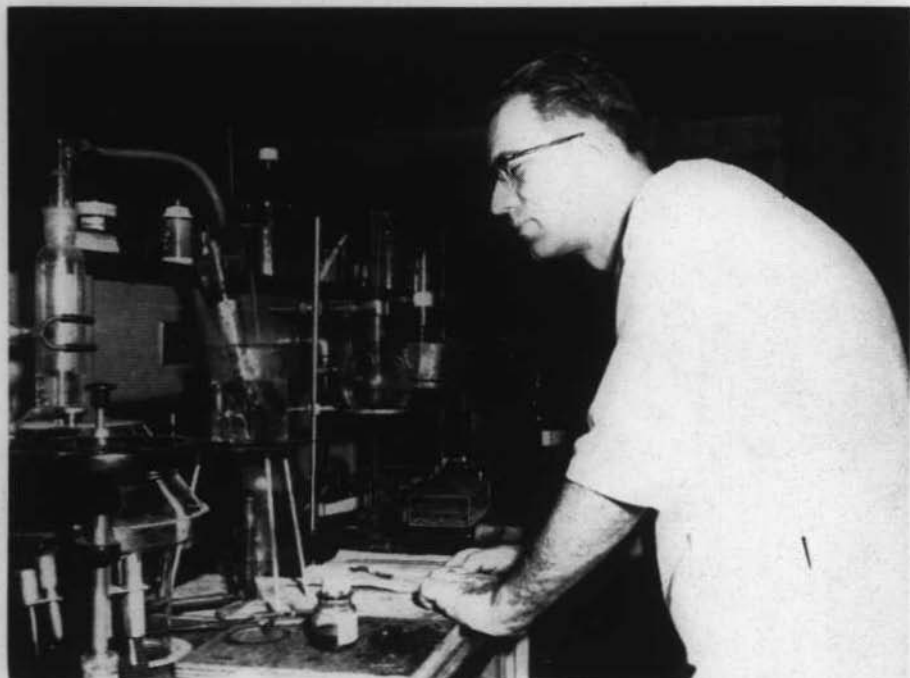
A strange story began the day after Christmas, 1956. A group of eight men in a small down-town hotel in Jacksonville were still celebrating the holidays by consuming large quantities of domestic wine. Passing around what seemed a fresh bottle of wine they suddenly became violently ill. They were rushed to the hospital and subsequently three of them died.

What was left in the wine bottle was sent, with a hurry-up call for identification, to the chemistry laboratory. The doctor at the hospital was fighting hard to save the lives of the rest of the men. Within 30 minutes the identification of the poisonous substance had been made and the hospital notified. The contents of the wine bottle turned out to be a highly poisonous insecticide. There was no wine in the bottle at all. How the insecticide got in the wine bottle is still a mystery.

The laboratory often knows no details of the cases upon which they are working. The vital organs or stomach contents are sent in by the police or state attorney or hospital. Frequently all the laboratory workers know about the case they are working on is what the analysis shows to be the cause of illness or death.

An unusual case was called to their attention by a Jacksonville hospital. Regular diagnostic procedures on a patient failed to show his trouble. Testing some clippings of hair from the man's head, the laboratory tests disclosed that he was suffering from arsenic poisoning. How did he get the poison? The patient was unable to give a clue. Finally, the source of the poison was traced to some paint he had been using. It was an imported paint from Italy and contained a large quantity of arsenic.





*Chemist Ward E. Huston is testing blood samples for both ethyl and methyl alcohol. An unidentified man was found dead in an empty railway boxcar with several empty bottles nearby. Huston's job is to discover whether or not he died of alcohol poisoning.*

*Gertrude Guyton at work on blood specimens.*



## Examinations Made By Chemistry Laboratory 1956

Blood .....	33,135
Spinal Fluid .....	4,670
Urine .....	24
Toxicology .....	567
Water .....	2,850
Other .....	6,686
Congenital Malformation Studies .....	7,333
Total	55,265

## CHEMISTRY AND THE BOARD OF HEALTH

The chemistry laboratory, while a very important section of the Bureau of Laboratories, is only a small part of the laboratories as a whole. This Bureau has seven laboratories, the Jacksonville Central and six regional laboratories in Miami, Tampa, West Palm Beach, Orlando, Tallahassee and Pensacola. There are chemistry sections only in Jacksonville and Miami. The total staff in the Bureau is 130; of these six are chemists or technicians assisting them.

In recent years chemistry has grown more rapidly than other laboratory fields and it is anticipated that this will continue. The new regional laboratory to be built in Orlando will provide a large chemistry laboratory, designed to provide for research in this field. Further, the Bureau of Sanitary Engineering and the Division of Industrial Hygiene both have chemists on their staff and laboratory facilities available to them. A temporary field laboratory in Polk County needs the services of a chemist now. Problems in the disposal of the waste from industrial plants or in the control of air pollution, involve chemical analysis. The examination of radioactive materials will demand a further expansion of the work of our chemists.

Chemistry is an important activity also in the closely associated Tuberculosis Hospital laboratories. Each hospital has one or more providing service in clinical chemistry. The Tampa Tuberculosis Hospital laboratory has an active chemistry section with facilities adequate for an extensive research program as well as for routine and special chemistry services.

The chemistry laboratory today is the result of little more than one decade of development; during the next decade it will be an even more important activity within the Bureau of Laboratories.

Albert V. Hardy, M.D., Dr. P.H.  
Director, Bureau of Laboratories



*In this apparatus the phosphorous in the rat poison taken by a young girl suicide was discovered.*

Suicides take a weird and wide variety of substances when determined to take their lives. The chemistry laboratory has a hard job sometimes to determine just what was taken. Not long ago a final test of a substance swallowed by a young girl was made in almost total darkness in the dark room. The material in the test tube flashed with a momentary light. It was enough to give the chemist the answer he sought. There was phosphorous in the fatal dose a young girl had taken to end her short life. She had swallowed rat poison which contained phosphorous.

Another suicide victim was found dead after taking a large dose of strychnine. The laboratory analysis proved, however, that the man did not die of the poison which was found only in his stomach. Strychnine had not entered the blood stream and so was not the killer. Subsequent tests showed that the man who took the poison died of a heart attack induced by fright at having taken the strychnine.

### *Variety of Problems*

Many specimens are examined from small children who have died or been violently ill from taking drugs or other poisonous materials. Laboratory tests reveal that such substances as aspirin, kerosene, insecticide, cleaning agents, turpentine, cosmetics and the like are often taken by children. Small children must be protected by putting such things out of their reach.

Hot dogs once proved to be the guilty item. Several children became ill after eating hot dogs and one child died. The laboratory found that a manufacturer's error had been made and ten times too much nitrate material, used to maintain a fresh appearance of the meat, had been used.

Animals are also subjects of this laboratory's studies. When a much loved pet dies suddenly and in much agony, sometimes an irate neighbor who objects to the noise the pet makes is an object of suspicion. The laboratory is asked to find out just what caused the pet's death.

An unusual sample was that of the liver of a sea cow which was sent in to be examined. It was believed by the south Florida aquarium that the valuable sea cow had been poisoned. That proved to be so. Since livers are one of the organs most responsible for dealing with poisons in the body, the laboratory gets many of them to examine.

The proprietor of an animal farm whose animals were dying at an alarming rate sent in a large number of livers for analysis. Tests showed that the animals had been poisoned with an insecticide. An embittered attendant at the zoological exhibit proved to be the culprit.

Seemingly harmless plants may be dangerous to children who are inclined to eat them. Oleander, yellow jasmine, elephant ear leaves, almost all lily bulbs, castor beans, hydrangea and allamanda can cause serious trouble if eaten.

A beautiful but deadly plant is the abrus. Because of its bright red and black coloring the seeds are most attractive to children. They play with them as with beads and put them in their mouths. This plant is known by many names such as Indian or wild licorice, prayer or jumble bead and crab eyes. Fortunately, these death-dealing little berries have a hard shell that is difficult to crack and the poisonous inner content is not easily released.

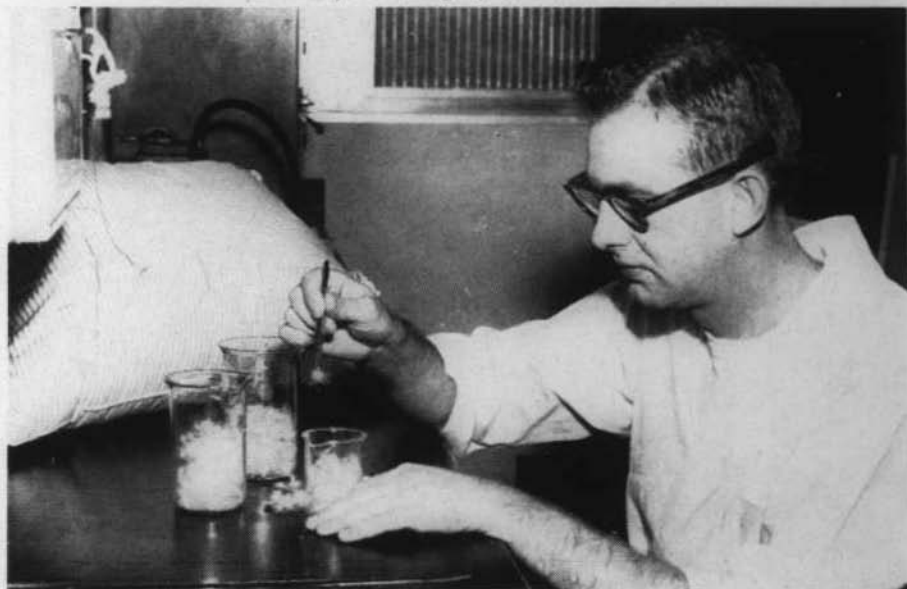
*Feathers and Bedding* — In December, 1953 a recently passed bedding law was put into effect. The main purpose of the law is to see that the label on the pillow or mattress plainly states just what the content is. It was designed to see that the purchaser gets what he pays for. The label must say whether the material is new or used, if it contains feathers, down, goose or chicken feathers. Enforcing this law is the responsibility of the State Board of Health.

Consequently, feathers and down from pillows and bedding find



*Examining marihuana under the microscope. In foreground is loose marihuana, a matchbox full of the drug and a typical cigarette smoked by the addict.*

*Time and patience are needed to check samples taken from a pillow. How much down? What percentage feathers?*





their way into the chemistry laboratory. Under the lens of a high powered microscope, there is a world of difference between feathers. For the trained eye, detecting whether the contents of a pillow are really down, as the label states, or largely duck or goose feathers is easy to discover.

### **Undercover**

The chemists of the chemistry laboratory might well be likened to undercover agents. They are of particular help to physicians, police officers, health departments, medical examiners, pathologists, attorneys, city water plant operators and the like.

## **CHEMISTRY**

### **BUREAU OF LABORATORIES FLORIDA STATE BOARD OF HEALTH**

One means of showing the work of this section is to classify it according to the type of specimen received. The order of presentation is in no way related to importance, volume of samples nor amount of time spent.

#### **BLOOD**

Hemoglobin determinations for City and County Health Units and private physicians

Glucose — City and County Units only

Hematology and clinical chemistry (r.b.c., wbc, differential, sed. rate, hematocrit, etc.) chiefly for special projects and employees

#### **CEREBROSPINAL FLUID and other puncture fluids**

Colloidal gold

Total protein

Cell count (local physicians only)

Chlorides

Specific gravity

#### **WATER**

Complete chemical examinations for Bureau of Sanitary Engineering on municipal supplies

Fluorides only for Gainesville, Naples and Clewiston

#### **PREPARATIONS**

Solutions, chemicals, glassware and chemistry equipment for Central and all Regional Laboratories. Standardization of photoelectric colorimeters. Tubes with preservative for blood sugars to County Health Units

#### **NARCOTICS**

Identification and custody of suspected drugs

Testimony in court

#### **TOXICOLOGY — for County Medical Examiners, pathologists, hospitals and physicians as required by law**

Isolation and identification of suspected poisons from autopsy material and patients in the hospitals

Identification of poisons in urine and stomach contents in acute poisoning

City and county police — identification of various substances either suspected of being poison or of some legal significance. Identification of blood stains

Veterinarians — tests on animal foods and autopsy material for poisons as required by law. Occasional tests on dogs and cats for poison when requested by police or County Health Officer.

#### **MISCELLANEOUS**

Bedding project of Bureau of Sanitary Engineering — Chemical tests for used cotton in manufacture of mattresses

Florida Co-Operative Study of Congenital Malformations

#### **INDIVIDUALS**

Occasional tests for poison, hardness and iron in water, identification of pills.

Information concerning poisons, antidotes, poisonous plants, stain removal, trade names, paints, etc., etc.

# FLORIDA STATE BOARD OF HEALTH

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

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HON. LEROY COLLINS

Governor of Florida

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All Counties in Florida have organized county health departments, except  
St. Johns County

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*Florida*

# HEALTH NOTES



NEW  
PAGE

PLUS AND MINDS-1956

727

**I**n the following pages you will read about some of the activities of the Florida State Board of Health during 1956. In short, this is a simplified Annual Report.

**W**e are proud of our accomplishments. We hope we are wise enough to realize some of our lacks. We trust we are always on the alert for new ideas in public health for Florida in order to protect YOUR health.



## ADMINISTRATION

### *Activities in 1956*

1956 was a year of reorganization and continued growth for the State Board of Health, which you will read about in the following pages.

The State Board of Health administers four scholarship programs for professional education. In 1956, 10 were for the study of medicine; 12 for dentistry; 11 in the field of mental health (physicians, nurses, social workers); 15 for public health workers in the county health departments and the State Board of Health.

Seven new health centers were constructed in Fort Lauderdale, Bradenton, Gainesville, Pahokee, Belle Glade, Marianna and Fernandina Beach.

The State Board of Health's governing body is composed of five persons appointed by the Governor four four-year terms (See inside back cover). The Board held six meetings during the year during which they discussed and formulated new policies, and considered recommendations from the State Health Officer, who serves as Secretary of the Board.

### *Problems and Trends*

As fast as the old public health problems are solved, new ones come to our attention. More attention is being given to chronic diseases, mental health and research and how to *prevent* illness.

A tremendous need exists for the preparation of persons in the health careers to serve the people in Florida. This was recognized by the 1955 Legislature which created the first three named scholarship programs.

Fifteen more health centers are under construction or in the planning stage.

The State Board of Health is presently composed of three physicians, a dentist and a pharmacist who serve without pay.

## DIVISION OF HEALTH INFORMATION

### *Activities in 1956*

5128 audio-visual aids on health (films, film strips, etc.) were borrowed and shown to over 660,000 persons.

36 foreign visitors were welcomed from 18 different countries. Most of them are employed in their health departments back home.

The Library loaned 9593 books, pamphlets, reprints, etc., mostly to physicians, nurses, public health personnel and teachers.

Over 220,000 pamphlets were distributed. The most popular ones were on nutrition, mental health, rabies and child health. Six new pamphlets in Spanish proved very popular in south Florida.

Many visits were made to County Health Departments to assist them with problems concerning health education, health councils, employment of health educators, etc.

FLORIDA HEALTH NOTES mailing list continues to grow. Over 13,000 persons now receive this free booklet ten times a year.

Orientation programs for new personnel in the State Board of Health and County Health Departments, and from other health and welfare agencies; talks before civic groups; many contacts with school teachers and parent groups -- all these occupied much time.

### *Problems and Trends*

While 16mm films (movies) continue to be popular, there is much present-day emphasis on the use of film strips, slides and tape recordings.

Many of our visitors now come from Asiatic countries.

The amount of post-graduate education that people desire is increasing. This is a part of the adult education movement which is growing by leaps and bounds in Florida.

We buy a lot of pamphlets but need to write some more of our own for people who can read only the simplest language.

Some day we hope that all County Health Departments will have a health educator on their staff. Six do now. Health educators help the staff of the CHD, schools and the lay public -- to learn more about health, and pass it on to others.

TV and radio are two valuable media for teaching about health that we are not using too much now. They do reach people not touched in any other way. Educational TV could open up a whole new field.

# BUREAU OF VITAL STATISTICS

## *Activities in 1956*

## *Problems and Trends*

The following facts were recorded:

The population of the state was estimated to be 3,875,700 as of July 1, 1956. Of this figure 3,143,000 were white and 732,700 non-white.

The number of births to Florida residents was 96,969, of which 69,557 were white and 27,412 were non-white.

There were 36,876 deaths in Florida in 1956, of which 28,500 were white and 8,376 were non-white.

The leading cause of death were heart disease, cancer and cerebral vascular disease.

There were 31,666 marriages and 20,245 divorces and annulments.

The state continued its trend of rapid growth.

Births show an increase of 8.7 per cent over last year. The Florida birth rate is slightly below the national average.

The death rate of 9.4 was the same as the national rate.

Death rates due to these so-called diseases of old age continue to rise.

Marriages increased by 6.3 per cent, while divorces showed an increase of 2.5 per cent over the previous year.

*Some of the other activities were:*

Current certificates (births and deaths) filed.....	186,384
Delayed birth certificates filed .....	4,202
Amended certificates filed for adoptions.....	3,002
Amended certificates filed for legitimations and corrections of parentage.....	743
Requests for certificates.....	105,477
Birth registration cards made.....	29,683

## BUREAU OF LOCAL HEALTH SERVICE

### *Activities in 1956*

1,145 employees were employed by county health departments at the end of the year.

\$5,116,117 was budgeted for county health departments. \$3,377,339 of this came from county appropriations.

The names of the directors of county health departments and the counties which they serve are as follows (as of May 1, 1957)

Alachua  
Baker-Nassau  
Bay  
Bradford-Clay-Union  
Brevard-Osceola  
Broward  
Calhoun-Jackson  
Charlotte-DeSoto-Hardee  
Citrus-Hernando-Levy  
Collier-Lee  
Columbia-Gilchrist-Hamilton  
Dade  
Dixie-Lafayette-Suwannee  
Duval  
Escambia  
Flagler-Putnam  
Franklin-Gulf-Wakulla  
Gadsden-Liberty  
Glades-Hendry-Highlands  
Hillsborough  
Holmes-Walton-Washington  
Indian River-Martin-Okeechobee-St. Lucie  
Jefferson-Taylor-Madison  
Lake  
Leon  
Manatee  
Marion  
Monroe  
Okaloosa-Santa Rosa  
Orange  
Palm Beach  
Pasco-Sumter  
Pinellas  
Polk  
Sarasota  
Seminole  
Volusia

### *Problems and Trends*

A rapid increase in population makes it imperative that many of the county health departments increase their staffs to keep up with the work to be done.

County commissions and other local appropriating bodies show real interest in supporting their county health departments, financially and otherwise.

Edward G. Byrne, M.D.  
Frank DiTraglia, M.D.  
A. F. Ullman, M.D.  
A. Y. Covington, M.D.  
James F. Speers, M.D.  
Paul W. Hughes, M.D.  
Henry I. Langston, M.D.  
Joseph W. Lawrence, M.D.  
Harold F. Bonifield, M.D.  
Merwin E. Buchwald, M.D.  
Joseph C. Weeks, M.D.  
T. E. Cato, M.D.  
Patrick H. Smith, M.D.  
Thomas E. Morgan, M.D.  
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N. B. Edgerton, M.D.  
Warren T. Weathington, M.D.  
Wayne Yeager, M.D.  
Theodore W. Weeks, Jr., M.D.  
Frank V. Chappell, M.D.  
R. N. Nelson, M.D.

Neill D. Miller, M.D.  
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E. H. Miller, M.D.  
Wade N. Stephens, M.D.  
C. L. Brumback, M.D.  
Leo L. Burger, M.D.  
B. R. Provost, M.D.  
Chester L. Nayfield, M.D.  
William L. Wright, M.D.  
Terry Bird, M.D.  
D. V. Galloway, M.D.

*The Field Advisory Staff* continued to function effectively as an integrated part of Local Health Service. 341 visits were made to the various counties by the health officer, sanitarians and record consultants.

*The In-Service Training Program* continued. Two classes of sanitarians (total 16) completed 12 weeks' training programs. Eight weeks are spent at the Training Center in Jacksonville and four weeks are "internships" in selected counties. Eight nurses completed eight weeks' field experience in Alachua County.

#### *Division of Public Health Nursing*

A three-day workshop was held in leadership training at the University of Florida. 50 nurses participated.

Tuberculosis Hospital exchange visits continued; 35 public health nurses visited the four Tuberculosis Hospitals in the state; 20 hospital nurses visited the county health departments.

The 48-hour visit by public health personnel to the State Mental Hospital at Chattahoochee has been accepted with enthusiasm. 51 public health nurses and 17 health officers in addition to personnel from State Board of Health attended.

A communicable disease institute for nurses was held in the northwestern section of the state . . . . Six orthopedic institutes were held in 1956. . . . Eight institutes on heart disease control were held in various sections of the state.

Sanitarians shoulder increasing responsibilities, therefore, need assistance with new technics.

The increased demand for nurses presents a constant problem. Many of the county health department staff nurses must be taught about public health nursing on the job.

This was part of an increasing successful inservice study program which goes on constantly all over the state.

An understanding of each others' problems makes for better service to patients.

The brief program has given the health department personnel a much better understanding of the treatment and facilities used for mentally ill patients.

There is so much new information coming out on various diseases and conditions that constant assistance by experts in the field is sought. Much of this learning is received through regional institutes.



The nursing home program continued to require considerable work from this Division.

Each consultant is responsible for the nursing homes in her area, and as our older population increases, so will nursing home problems.

Field experience was provided for four foreign students: three from the Philippine Islands; one from Bolivia. Field experience was also provided for four students from the University of North Carolina; two from Peabody College and two from Vanderbilt University.

There is no substitute for field experience. It makes learning "come alive." However, it takes much time and planning to make such an experience a successful one. . . . Five collegiate schools have requested field experience for their students and these are Florida schools!

The process of licensing 299 midwives was carried out. Revisits to the counties are made by the midwife consultant for the purpose of following through on educational activities started on previous visits.

Midwives are still with us, as they probably will be for some years to come, in order to serve certain remote areas.

## BUREAU OF MATERNAL AND CHILD HEALTH

### *Activities in 1956*

A full-time Consultant on normal Child Growth and Development (a psychologist) was added to the staff, as was a Consultant on Family Life (a social scientist).

### *Problems and Trends*

Still lacking is a School Health Consultant. Applicants are being sought.

The *maternal death rate* rose three per cent. There were 57 maternal deaths in Florida last year. At least half of these were considered preventable. . . . There has been continued emphasis on the development of low-cost maternity plans. In some areas private physicians volunteer their services to prenatal patients.

It is hoped that if increased funds for the Hospital Program for the Indigent become available, there will be less necessity for midwives in areas served by hospitals (see Division of Public Health Nursing).

The Annual Tri-State Obstetric and Pediatric Seminar was held. Attending were 254 physicians, 88 nurses and three others for a total of 345. These came from Florida, Georgia, South Carolina and other states. The Seminar was sponsored by the three states named above (State Health Departments and State Medical Associations.)

A record number of births was recorded: 96,969. The *infant mortality rate* increased 9.4 per cent over 1955.

Interpretation of the need of children to be immunized against polio by Salk vaccine was emphasized. 261 premature babies were admitted to the Premature Demonstration Center, Jackson Memorial Hospital, Miami from Dade, Palm Beach, Broward and Monroe Counties.

The *School Health Program* received two boosts. One, the State Superintendent of Public Instruction required every school to designate a staff member as a School Health Coordinator. Two, joint plans with the State Department of Education and a number of voluntary health agencies brought a nationally-known health educator to the state to hold a series of school health clinics.

A five-year grant was made by the Childrens Bureau to develop a *health service project for Migratory Agricultural Workers* in the Belle-Glade-Pahokee area of Palm Beach County and the Immokalee area of Collier County.

This program is always well received and this was the largest number ever to attend. Another Seminar is planned for 1957.

Studies will be made to try to determine the causes for this increase. There is still much public apathy to the use of this vaccine.

Incubators were distributed to various hospitals in the state.

These two events have caused many of the schools to examine more closely the qualifications of the teacher whom they appoint as school health coordinator. More work needs to be done to help the school health coordinator to better understand his function and how he may cooperate with the county health departments.

A tremendous amount of good can come out of such a project, particularly in an increased understanding of their needs, problems, education background, types of health education needed, etc.

## BUREAU OF NARCOTICS

### *Activities in 1956*

151 arrests were made in 1956, 20 more than in 1955. 142 were for violation of the narcotic law, three for violation of the medical laws (practising medicine without a Florida license) and six for pharmacy violations (usually dispensing medicines by an unlicensed person).

The Hospital at the State Prison at Raiford accepts narcotic addicts, both on a voluntary and compulsory basis. 30 addicts were admitted to Raiford or Federal institutions. Three were adjudged insane.

No drug violations of any consequence were found among teenagers.

6,987 practitioners of the health arts were registered in 1956. These included physicians, naturopaths, osteopaths, chiropractors, chirodists, registered physical therapists and masseurs.

All drug stores are required to register annually. In 1956, 1,208 did so.

54 educational talks, films and discussions on narcotics were made by the narcotic inspectors.

### *Problems and Trends*

There seem to be three reasons for the increase in activity of this Bureau: the ever-increasing population, the influx of tourists and the increased mobility of our people. Chief trouble spots continue to be Miami, Miami Beach and Tampa due to the popularity of these cities as winter resorts and the fact that race tracks are there.

This is 11 more addicts treated than in 1955. Drug addiction is not only a serious problem but is responsible for much criminal action. Raiford does not have proper facilities for helping drug addicts.

This registration is soon to be tabulated and kept up-to-date by modern electronic equipment. The increasing population also demands increasing number of these practitioners to serve them.

More interest in the narcotic problem is being shown by police training schools, church organizations, civic clubs, etc.

# BUREAU OF FINANCE AND ACCOUNTS

## *Activities in 1956*

During 1956, a study of the classification and compensation range of each merit system position in the agency was made. In 1956, the State Merit System Council engaged the Public Administration Service of Chicago to study and recommend a uniform classification, pay plan and leave policy for the departments under the State's Merit System. The Personnel Section of this Bureau collected material for the independent study and it was transmitted to the Public Administration System.

During 1956, three parcels of land were purchased in Jacksonville. Plans for a new administration building have been drawn and competitive bids were invited early in 1957.

The purchasing Agent received 2,611 requisitions for equipment and supplies from the various bureaus and divisions and 3,126 purchase orders were issued, totaling \$1,433,933.30.

On December 31 there were 1,584 state employees (including those in county health departments) and 17 Federal employees on loan to the State Board of Health. During the year there were 488 persons employed and 382 who left.

## *Problems and Trends*

This will mean that there will be a tremendous amount of adjustment during this change-over period, getting all employees covered by this new system.

It is hoped that the building will be ready for occupancy early in 1958.

The State Board of Health might well be considered big business.

As the tremendous influx of people come into the state, county health departments must, of necessity, increase their staffs to serve the people. The State Board of Health, being located in Jacksonville, one of the most rapidly growing areas in the entire state, must compete with other organizations and business concerns for qualified personnel.

# BUREAU OF PREVENTABLE DISEASES

## *Activities in 1956*

## *Problems and Trends*

### *Epidemiology*

600,000 persons were given one or more injections of Salk vaccine for poliomyelitis.

675,000 children under 20 have not had any poliomyelitis immunization.

35 typhoid carriers received "typing" of their typhoid germs so as to better protect the public against them.

57 carriers remain to be "typed." 60 to 70 new cases of typhoid continue to be reported each year in Florida.

The reasons that cases of diphtheria and tetanus do not decline each year was studied.

Continued emphasis on the importance of DPT (diphtheria, pertussis—whooping cough—tetanus) immunization for children, and tetanus immunization for adults is indicated.

Special research was carried on for causes of skin sensitivity to tuberculin and effectiveness of respiratory adenovirus (colds) vaccine.

There should be continued special investigation in tuberculin sensitivity of school children, and infectious hepatitis (yellow jaundice).

Special work was done in studying the accidental poisoning of children. Assistance was given in setting up poison control centers, located in hospitals, over the state.

### *Division of Venereal Disease*

7,182 cases of syphilis were reported against 5,541 cases in 1955. Reported gonorrhea cases totaled 10,991. Venereal disease is still a public health problem.

The increase in syphilis was largely accounted for by increased case-finding (mostly blood testing) activity. Chronic syphilis is being reduced. Gonorrhea still remains a big problem.



Two selective blood testing teams operated in the state collecting a total of 46,464 specimens to be screened for syphilis. As a result 1,483 persons were brought or returned to treatment for syphilis.

With approximately 50 per cent of all syphilis cases being reported by private physicians their importance in an overall public health control program is becoming more and more obvious.

Cooperation with private physicians in the control of the venereal diseases was continued. Interviewing and investigation service was offered on cases of early or infectious syphilis. Reporting of venereal diseases treated by private physicians was urged and produced gratifying results.

### *Division of Tuberculosis*

Deaths from tuberculosis totaled 244 of which 157 were white and 87 nonwhite deaths.

The death rate reached a new low of 6.3 per 100,000 population.

The successful use of antituberculosis drugs has resulted in an 81 per cent drop in death rates during the past 10 years.

There were 2,453 cases of tuberculosis reported in 1956 with a rate of 63.1 per 100,000 population.

There has only been approximately 4 per cent decrease each year in the number of new cases reported during the past ten years. This indicates that we still have a persistent problem of tuberculosis control in this state.

The effectiveness and ready availability of the new antituberculosis drugs has brought about an entirely new approach to this disease. From a medical standpoint, patients need no longer remain in the hospital for long periods, and, where possible, are being allowed to return home to continue treatment under the supervision of private physicians and local health departments.

A recent follow-up study shows that out of 648 discharged tuberculosis patients followed only 39 of those who received regular discharges relapsed, and of these 27 have already been readmitted to the hospital. Of the 118 patients who received AMA discharges 54

Of the 2,453 cases reported in 1956, 993 were in the moderately advanced stages; 634 in the far advanced stages; 421 cases were primarily or minimal.

were readmitted within a month after discharge. The study so far has covered a 16 month period and will be continued on for a five-year study.

The incidence of reported cases tends to be nearly twice as great among males and for the nonwhite race. . . . The portion of the population with the highest case incidence is in the age group over 65, followed by the 45-64 year old group. 400 cases were reported among persons 65 years and over and 844 cases 45-64 years old.

The rapid migration of new permanent residents to Florida makes it necessary that we keep constantly on the alert for the presence of new cases in the community who have not been known to local health departments in other states. The same old rule still applies: if you can find tuberculosis early, there is a better chance for recovery.

Mass X-ray programs are the most satisfactory means of detecting tuberculosis and yield an average of one new case for each 1,000 persons X-rayed. In 1956, it was estimated that 30.9 per cent of the population over 15 years of age was X-rayed under community mass-X-ray programs. A total of 742,652 x-rays were taken and 669 new cases were diagnosed by this means.

It will be necessary for us to continue an active case finding program with increasing emphasis on X-ray surveys of community and special groups in order that we may fight tuberculosis effectively.

#### *Division of Veterinary Public Health*

229,437 cattle were brucellosis tested with 4,980 reactors found and disposed of. 84,337 calves were vaccinated. Only 12 human cases of brucellosis (undulant fever) were diagnosed.

Area testing by county, started in 1956, will continue in West Florida and work eastward. 9 counties have been tested to date. All herds must be tested annually and reactors removed.

2,421 herds of cattle were tested for tuberculosis. This consisted of 130,560 cattle. Only 5 premises were found infected.

62 cases of animal rabies were laboratory confirmed. This included seven species—dog, cat, cattle, horse, fox, racoon and bat. These were found in 24 of the 67 counties. There were 32 known human exposures, but no human cases.

Eastern Equine Encephalomyelitis ("horse staggers") was clinically diagnosed in 109 horses and mules. No human cases.

Wildlife rabies continued to be a serious problem with epidemic outbreaks in Gadsden, Leon and Jefferson counties.

#### *Milk Control Section*

Surveys were made of all the dairy farms and milk plants in the Pensacola, Marianna and Tallahassee milk sheds which included 21 counties in Florida and many areas in South Alabama.

15 sets of plans for new dairy barn and milk plant construction were reviewed. . . . 1,007 dairy farm and 71 milk plant inspections throughout the state made.

All dairies producing milk are tested for tuberculosis. Chest X-rays should be required of all dairy labor, including farm labor working there.

County wide rabies bills are presently being advocated for five counties. These call for the establishment of county pounds and impounding laws for the vaccination of all unowned dogs. Seven counties have such legislation at the present time. Changes are being made in the Sanitary Code to enable quarantine of areas highly infected with rabies.

County health units are urged to promote clinics for the immunization of horses. This virus (EEE) is sometimes present in the mosquito and bird population.

Trapping programs for wildlife control where animal populations (such as foxes) reduced, are being carried out.

Continued conversion to stainless steel cold-wall farm milk tanks and tank trucks for bulk handling of milk on the farm, and from farms to plants eliminating the lack of proper refrigeration continued.

Construction of modern milking parlors is replacing conventional type dairy barns.

### *Division of Industrial Hygiene*

Our laboratory completed 277 analyses during the year. Over 100 of these analyses were for the determination of fluorine compounds, a time-consuming procedure.

To check on the accuracy of the fluoride analyses, 43 control determinations were required. Next year should see less work with fluorides, and more with lead compounds.

Air pollution studies outside the phosphate plants required more time than was available so it was decided to sample stacks directly.

This job should be near completion by July, 1957.

Cooperation with the Florida Industrial Commission was continued as usual. At their request a study was made of the possible danger of carbon monoxide poisoning around certain diesel engines.

With increasing industrial employment in Florida there will be increasing need of a close working relationship with the Florida Industrial Commission.

This Division took part in the nation-wide sampling for radioactive fallout from explosions in last year's test of nuclear weapons. ....

Probably these studies will continue. We hope to start statewide studies on natural radioactivity in Florida.

More and more the time of the Division is taken up in dealing with requests and complaints. Less time is free for planned studies.

As the functions of the Division become better understood, the number of requests may be expected to increase. This will be particularly true in air pollution work.

## BUREAU OF ENTOMOLOGY

### *Activities in 1956*

Dog flies created a problem on the northwest Florida coast—for citizens and vacationers alike. DDT was of considerable help in controlling them, and probably extended the summer tourist season by a month.

A terrific salt-marsh mosquito problem affected the west coast of Florida from April to October. In July all the swamps, comprising about 10,000 acres, in Hillsborough and Pinellas Counties were treated with parathion which greatly helped the situation.

Midges or blind mosquitoes still cause much trouble. They do not bite but come in such numbers that they are very annoying.

The fresh water mosquito problem continues with much activity by the mosquito control districts in 43 counties.

The Bureau received and investigated 105 complaints by homeowners against pest control firms. 210 firms were licensed in 1956.

*The Entomological Research Center* at Vero Beach was dedicated. This center, the only one like it in the world, is concerned with research on the use of chemicals and other methods of control of mosquitoes and insects. In order to do this, the life habits of these insects must be carefully studied.

### *Problems and Trends*

Such annoyances as dog flies can affect the health and economic well-being of our citizens.

Chemicals can help control mosquitoes but some species develop resistance to them. Permanent control measures such as ditching, diking, flooding and filling, cost more—in the beginning—but pay off in the long run.

People living near lakes and streams in Central Florida suffer the most from these pests. Apparently the reason for the great number of midges is the fact that these streams are "fertilized" by waste products from orange groves, pastures, sewage plants and industrial concerns.

The Bureau and the Florida Pest Control Association continued their combined efforts to promote high standards.

The big problem is to secure the services of a sufficient number of properly trained scientists dedicated to this type of work.



## BUREAU OF DENTAL HEALTH

### *Activities in 1956*

Three new full-time dental clinics were initiated this year in Broward, Polk and Volusia county health departments. A new mobile dental unit was established in Brevard County. This is staffed by a full-time dental hygienist who conducts school dental examinations, does dental prophylaxis, and applies sodium fluoride to the teeth of 7, 10 and 13-year old children. The clinic was financially supported by local civic groups.

Orlando, Ocala and Belle Glade, in 1956, were added to the list of Florida cities fluoridating their water supplies, raising the total to 23. These cities serve an estimated population of 696,087. There are 25 additional communities which have about the correct amount of fluoride in their natural water supplies to decrease dental decay. Their estimated population is 263,500, making almost one million persons in the state using water with about the desired amount of fluoride necessary to effectively control dental decay.

The mobile dental corrective unit operated only part of the year because of inability to staff it. The mobile dental X-ray unit was inactive most of the time for the same reason.

The saliva bacteriological analysis program for the citizens of the state through cooperation of local dentists was continued by the Bureau of Laboratories and this Bureau.

### *Problems and Trends*

There is more concern with dental caries and defects than formerly and these conditions are recognized as public health problems.

Fluoridation of public water supplies will continue to be one of the major phases of the Bureau's over-all program. It is the most scientific and least expensive of all preventive dental measures.

Dentists interested in public health dentistry—and the salaries attached thereto—are difficult to find.

This comparatively new service determines the dental decay activity of a patient and is helpful to dentists and parents in establishing a diet control program for those with a high dental decay rate to assist in reducing it.

Expenditures for audio-visual aids such as films, filmstrips and new materials for distribution to schools, civic groups and dentists increased in 1956, because of a more increased knowledge of their free availability from the State Board of Health. There was also a greater use of radio and television in our dental health education program.

Dentists throughout the state in cooperation with this Bureau spent hundreds of hours on a voluntary basis in their own communities assisting in making school dental examinations, showing films, giving educational talks, and conducting bitewing free X-ray programs at The Florida State Fair and the Greater Jacksonville Agricultural and Industrial Fair.

Plans are being made for using radio and television facilities more and more in presenting dental health education to the public.

A dental survey of institutionalized aged and chronically ill elderly persons in nursing homes will be completed . . . .

A program of annual dental examinations and dental education for all 4-H Club members in the state will be instituted this year . . . .

A dental survey of present dental facilities and future dental needs for crippled children will be made in cooperation with the Florida Crippled Children's Commission.

## BUREAU OF SANITARY ENGINEERING

### *Activities in 1956*

### *Problems and Trends*

#### *Water Supply and Treatment*

481 engineering projects were formerly approved for construction. Public water works and expansion of existing facilities comprised 349 of the projects which were estimated to cost 27 million dollars. 286 public swimming pool projects were approved with an esti-

Natural disaster plans should be considered along with civil defense activities. Good drinking water must be provided during emergencies. Emergency equipment must be always available and its location and condition must be known by the various agencies. . . .

mated cost of 4 million dollars. Of the swimming pools 154 were approved by county sanitary engineers under a new program instituted this year. Permits were issued for construction of 198 water supply wells.

The number of water plants serving more than 100 persons has increased to 460 which serve some 3 million people or 76 per cent of the estimated population. 199 new pool permits were issued, bringing these to a total of 928. Bottled water plants under permit total 19, and natural bathing places under permit total 47. Railroad and vessel watering points total 85.

In-service training of water plant and swimming pool operators continued with short courses held at Daytona Beach, Pensacola, Tampa-St. Petersburg, Miami and Jacksonville; and the annual advanced study course at Gainesville for water works personnel. Swimming pool short courses were held at Miami Beach and Ft. Lauderdale. Total attendance at these short courses, including sewage works operators, was about 830. Examination for voluntary certification as an operator under this program resulted in 144 new certificates being awarded to water works and swimming pool operators.

#### *Sewerage and Industrial Waste Section*

A cooperative survey with U.S. Public Health Service assistance showed we now have over 272 sewerage systems serving 1,645,

The use of atomic power for industries will require study of its effect on water supplies and of ways to remove possible contamination. . . . In-service training short courses need to be expanded to cover emergency and civil defense operation.

Sanitary and chemical control of the operation of all these plants and facilities requires extensive field inspection and staff review of operation reports and bacteriological records. Fluoridation of seven municipal water supplies requires special inspections and operation reports to insure proper application of this important substance. . . . Swimming pool construction continues with small pools for motels and apartments leading the way. The estimated cost per pool has decreased each year to about \$13,000 for 1956. Considering the competitive nature of the tourist business and the fact that some 40,000 hotels, motels, apartments and tourist courts exist in the state, our swimming pool program may increase tremendously. Water supplies for coastal areas where salt water intrusion is a problem are being taken from inland sources and then pumped up to 30 miles to point of use. . . . The drought over the past few years plus the rapid growth of the state has pointed up the difficulties of inadequate supply or inadequate planning in some instances. No real water shortage exists statewide but there is a greater realization of the need for a program for proper management of our water sources.

000 people. All but 376,000 are served by adequate sewage treatment plants.

259 sets of plans and specifications for new sewage systems or extensions to existing systems were approved in 1956. Estimated cost of construction of these projects was \$30,218,211.

66 sets of plans were approved for treatment plants for industrial waste. Construction costs were estimated to be \$224,375.

More than 1,850 chemical determinations, 2,500 bacteriological samples and 3,525 biological identifications were obtained in the course of a very limited stream sanitation program during 1956.

#### *Environmental Sanitation Section*

221 food processing plants were given permits as compared to 127 in 1955.

Shellfish and crustacea (oysters, crabs, etc.) programs made significant strides. Producers became more aware of need to improve operations and processing procedures. 93 shellfish and 44 crustacea plants were certified. A new laboratory testing program was initiated for the sampling of crustacea products. 1,727 field inspections were made. 26 new plants were constructed and 40 plants were renovated.

We estimate that at the present rate of growth we will have to more than double our sewerage system capacity in 10 years.

But the cost and number of projects were about 25 per cent lower in 1956 than in 1955 but they were more than double any previous year. Little change is expected in 1957.

Industrial activity is definitely on the upsurge. New plants involving industrial waste are under construction in Broward, Brevard, Duval, Hillsborough, Dade, Escambia, Liberty, Orange, Polk, Palm Beach, Pinellas, Santa Rosa and St. Lucie Counties.

These plants will continue to grow in number.

Among activities in 1957 will be a revision of shellfish regulations and the development of educational material on crustacea processing procedures.

Work involved in the review of plans and specifications for sewage and water supply systems and other sanitary facilities, for schools, tourist and trailer parks, camps, subdivisions and miscellaneous establishments continued at a steady pace. 102 school projects were processed; 686 trailer parks were permitted which included 12, 940 independent and 3,496 dependent trailer spaces; 100 camps were permitted; and 375 subdivisions covering 22,610 lots were analyzed as to their suitability as housing developments.

Encouragement will be given to the installation of modern sewage disposal systems and treatment methods in schools, buildings and other facilities in the state. Tourist and trailer camp regulations are scheduled for revision. Increased emphasis is expected to be placed on the supervision of migratory labor camps. The rate of subdivision projects is anticipated to continue, if not increase, due to prospect that more liberal Federal housing aid may become available.

In carrying out Florida's Bedding Inspection Act \$79,245.00 was realized from registrations and stamp distribution. 9,037 field inspections were made and 149 samples were submitted to the laboratory for testing of filling materials.

Due to the growth of this industry, it is planned to add one more person to the field staff in 1957.

### *Drafting*

1,205 separate projects were processed in the drafting room in 1956 and a total of 11,464 microfilm images were processed, filed and indexed.

General improvements have been made in methods and procedures of filing and records work. Additional personnel provided more efficient maintenance of plan files and related records.

A survey of floor space requirements was prepared in conjunction with the proposed construction of a new state Board of Health Administration Building.

Continued assistance and close cooperation were given the architect who will design this building.



## BUREAU OF LABORATORIES

### *Activities in 1956*

The Bureau of Laboratories examined 1,234,881 specimens for a total of 2,653,191 examinations. This represented an increase of 64,972 diagnostic specimens and 175,899 tests over the preceding year.

Following the establishment of a cooperative laboratory program with the State Tuberculosis Board and its four hospitals late in 1955, major emphasis was given toward the development of physical facilities and strengthening of the staff in each hospital laboratory.

The total number of examinations and the number of positives observed for tuberculosis both increased substantially in 1956 as compared with 1955.

Fewer specimens to be examined for diphtheria and related infections were submitted during 1956. There were 150 diphtheria and 416 streptococcus positive specimens.

Serologic (blood and spinal fluid) tests for syphilis are increasing in numbers. However the percentage of positive specimens continue to decline.

### *Problems and Trends*

The trend of increased services reflects the growing population within the state.

Mutual benefits have been derived by this cooperative arrangement. The consultative services of technically qualified senior personnel in the Board of Health Laboratories are made available (at no additional cost to the state) to the Tuberculosis Hospital Laboratories.

More exhaustive case finding techniques are being used to uncover the reservoir of tuberculosis infection in the general population. The laboratory will be called on to examine increased numbers of specimens using more sensitive culture procedures in order to uncover new cases of tuberculosis in the earliest stages possible.

The number of positives represent a slight increase over the preceding year; however, the increase may be attributed to the use of more sensitive and exacting diagnostic procedures rather than an actual increase of infection in the general population.

Viral diagnostic services (for polio, etc.) have developed rapidly during 1956. Excluding rabies examinations, approximately 11,600 tests were performed on specimens from 1,233 patients.

Approximately 1000 specimens of saliva for lactobacillus count were examined. This test was offered on a trial basis in 1955 and only 153 specimens were submitted.

Special studies, paid for by research grants obtained from the Public Health Service, the Air Forces, Department of Defense and the National Foundation for Infantile Paralysis, were performed. These included studies on diarrheal diseases in man and in monkeys, tuberculosis, rabies in bats and in other wild life, streptococcus typing, and poliomyelitis. Smaller study projects paid for out of state funds were also carried forward.

The laboratory provided a wide variety of teaching and educational services to medical laboratories within the state. Special medical technology workshops were conducted in Miami and Jacksonville. Three medical technologists were accepted in the Jacksonville laboratory for special instruction and refresher training. Also, 891 bacteriologic cultures were submitted to the state laboratories for identification and additional tests from private and hospital laboratories. Over 5000 unknown blood specimens were submitted to 179 laboratories wishing to be approved for premarital and prenatal blood tests.

The trend of increased interest in viral diseases by the physicians in the state will continue. Because of the widespread use of polio vaccine, more specimens for the diagnosis of poliomyelitis infections will be submitted to the state laboratory.

The dental profession have accepted this service with enthusiasm.

Special projects benefit the laboratory and Board of Health by providing information on infectious diseases in the state and strengthening the diagnostic tests which the laboratory may provide the public.

The state laboratory must continue to exert every effort to strengthen and improve the diagnostic services of all private and hospital laboratories in the state. More test specimens and consultative services must be made available to private and hospital technical personnel desiring more training and assistance.

# BUREAU OF MENTAL HEALTH

## *Activities in 1956*

Fourteen child guidance and community mental health clinics, to whom the Bureau gave support and consultation, saw 4,767 children and adults for diagnosis and/or treatment and other services.

In February a program was begun to follow up discharged patients from mental hospitals. This is done by county health department personnel. To this end, an orientation program for public health workers was started at Chattahoochee. (see Division of Public Health Nursing).

Five mental health workers were employed and functioning in county health units at the end of the year, serving ten counties.

Plans were developed with the Exceptional Child Division of the Florida Department of Education to begin detection and reporting of emotionally disturbed children in public schools, to the county health departments.

## *Problems and Trends*

Waiting lists at most of the clinics are long; sometimes not enough time can be given to individual patients; nor to requests from community groups for talks, institutes, etc. Therefore, efforts will be made in 1957 to add at least one professional person to each clinic. There is a large turnover in professional personnel principally due to inadequate salaries.

There is no doubt that this new service to mental patients, their families and communities will be of great value in the rehabilitation of the mentally ill and contribute to the prevention of relapses and/or recurrences.

Mental health workers help county health department personnel follow up patients discharged from mental hospitals, offer consultation services about people with mental health problems to teachers, judges, social workers, churches, etc. They also act as a link between the county and the nearest Child Guidance Clinic. During the next two years it is hoped that every county health department will have such a person on their staff.

Not only will these children be reported, but it is hoped that more will be learned about how to better help these children and their parents. Such problems as stealing, persistent truancy, fighting and excessive shyness, are often symptoms of a real emotional problem.

## FLORIDA COUNCIL ON TRAINING AND RESEARCH IN MENTAL HEALTH

### *Activities in 1956*

Although primarily concerned with the granting of training and research stipends and scholarships, the Council, during 1956:

- Sought qualified applicants for internships and scholarships in the mental health professions. (see Administration).
- Cooperated with the Southern Regional Education Board in making a survey of possible research projects.
- Studied, with the State Department of Education, ways of expanding the guidance program in Florida schools.
- Assisted with mental health training workshop for nurses.
- Advised the Governor concerning the Northeast Florida Mental Hospital and the psychiatric floor of the new teaching hospital at the University of Florida Medical School.

### *Problems and Trends*

The Council, created by a 1955 Act of Legislature is composed of 11 lay and professional persons. It advises and consults with the State Board of Health on mental health matters.

The Council's main concerns are long range. There are appalling shortages of trained personnel in the fields of psychiatry, psychology, psychiatric nursing and psychiatric social work. There is need for research to find out what causes mental illness.

## BUREAU OF SPECIAL HEALTH SERVICES

### *Activities in 1956*

The Bureau of Special Health Services was organized on July 1, 1956, combining the Divisions of Hospitals and Nursing Homes, Chronic Diseases (Cancer, Heart, and Diabetes), Nutrition and Civil Defense.

### *Problems and Trends*

Inasmuch as there is a marked increase in the percentage of older persons in Florida, there is a need for more attention to the chronic diseases of the aged.

### *Hospital Service for the Indigent*

The new program "Hospital Service for the Indigent" became effective January 1, 1957. Twenty-four counties elected to participate in this program, setting up a fund of 50¢ per capita. State funds were available to the participating counties in the amount of 20¢ per capita. . . . A total of 3,361 patients received care through this program in 1956 (a total of 33,320 hospital days).

### *Hospital Licensure*

Florida's hospital licensure law, passed in 1947, is applicable only to those hospitals receiving federal funds or federal assistance.

### *Nursing Homes*

This Bureau now bears the responsibility of the nursing home program and issuing of licenses—upon recommendation of county health departments. . . . At the end of 1956 there were 297 licensed nursing homes and homes for the aged in the state, with a total of 7,160 beds. . . . A monthly publication, *Living in Later Years*, was distributed to nursing home operators.

### *Cancer*

A total of \$236,485 was spent for diagnosis and treatment of 2,221 indigent Florida residents who were suspected as having cancer. Care for these patients was provided, without charge, by the private physicians of the state. . . .

With the expectation of receiving more adequate funds for financing of this program, more counties will elect to participate. Adequate financing will provide a minimum fund of at least \$1.00 per capita (50¢ county funds and 50¢ state funds).

Considerable amount of time was given to the licensure of hospitals because of the program for *Hospital Care for Public Assistance Recipients* (which limits participation to licensed hospitals).

Progress is being made in raising the standards of our nursing homes, but there is still a need for improving the sanitation and safety conditions in many of them. . . . It is hoped that a greater educational program for nursing home operators can be developed in the future. Many of them need and are seeking help.

Progress is being made in getting patients under medical care earlier, but too many still come in with far-advanced cancer.



Included in the group of patients seen by the 19 Tumor Clinics in operation were 1,840 new patients, 891 of whom were found to have cancer. . . . A three-day Cancer Seminar was held in Jacksonville, with 19 out-of-state physicians on the program.

Five Cross-Roads Seminars are planned for 1957. These will take place in out-lying parts of Florida.

### *Heart Disease*

A study was made of the children in the Florida State School for the Deaf and Blind. It showed that many of them had a congenital heart disease, suggesting that a common factor was the cause for blindness or deafness *and* the heart condition.

Heart disease is the leading cause of death in Florida today. Attention should be given to ways by which heart disease may be prevented.

70-millimeter (small) X-ray chest films of persons under fifty years of age, suspected of having heart involvement, were collected. Follow-up data revealed that 13 per cent of persons on whom information was received did not know they had heart disease.

A rheumatic fever case register was organized and maintained at the State Board of Health.

The effect of penicillin to prevent rheumatic heart disease is being studied. A comparison will be made between native-born Floridians and persons moving to Florida to avoid rheumatic fever recurrence.

A special cardiac clinic has been organized in Jacksonville with the cooperation of the Northeast Florida Heart Association and the Duval Medical Center. This clinic studies patients with heart disease and determines what kind of work they can do.

It is hoped that other areas in the state will provide similar service to cardiacs disabled for work.

To help educate professional persons, the following services were provided: a cardio-vascular seminar for physicians, a postgraduate education courses for nurses, and a mobile heart library made available on loan to small hospitals.

### *Diabetes*

Insulin was distributed to 2,566 indigent diabetics. . . . A monthly bulletin, "*Timely Topics*," of interest to diabetics, was published and distributed to 2,300 laymen and physicians.

### *Civil Defense*

Health and medical services and facilities in Florida were inventoried for the State Office of Civil Defense. . . . Each county health officer has been asked to appoint a member of his staff to be primarily responsible for the county health department's duties in civil defense.

### *Nutrition*

Nutritionists visited many nursing homes throughout the state as a member of the inspection team and upon individual requests.

Cooperation with official and non-official agencies continued as usual. Among those requesting assistance were: State Board of Public Welfare, Crippled Children's Commission, Citrus Commission, State Hospital, Tuberculosis Board, Agricultural Extension Service,

Three new cardiac clinics (Hillsborough, Jackson, Duval) are being organized through the cooperation of the Florida Heart Association, the Heart Disease Control Program of the State Board of Health and county health departments.

Plans were made for holding a regional diabetes meeting in 1957, to stimulate more interest in diabetes control in Florida and surrounding states.

Plans are being made for public health services to the state civil defense office in case of a major disaster. A training course is planned for county health department staff members in 1957.

There was an increase in the number of requests for assistance with food service problems in nursing homes. A Diet Manual, based on the problems presented, was prepared to assist operators.

Florida State University, Florida A & M. University, State Road Department, State Department of Education, Visiting Nurses Associations and Heart Associations. School programs have been numerous and varied. Work has included assistance to faculty groups, parent-teacher groups, health councils, and school lunch personnel.

Cooperative programs have required a larger block of the four nutritionists' time. Several agencies requested assistance for the first time this year. Among them were the State Road Department—prison camp division—and the Florida State Hospital. . . . Increased emphasis on heart disease and special diets associated with it have stimulated cooperation with local heart associations.

Focusing attention on school health problems has brought nutrition to the front as a problem in many areas. Teen-age nutrition problems seem most acute.

More requests from individuals for information regarding fad diets, reducing plans, food supplements and the like, is an encouraging trend.

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**This issue of FLORIDA HEALTH NOTES was taken from The Annual Report of The Florida State Board of Health for 1956.**



#### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

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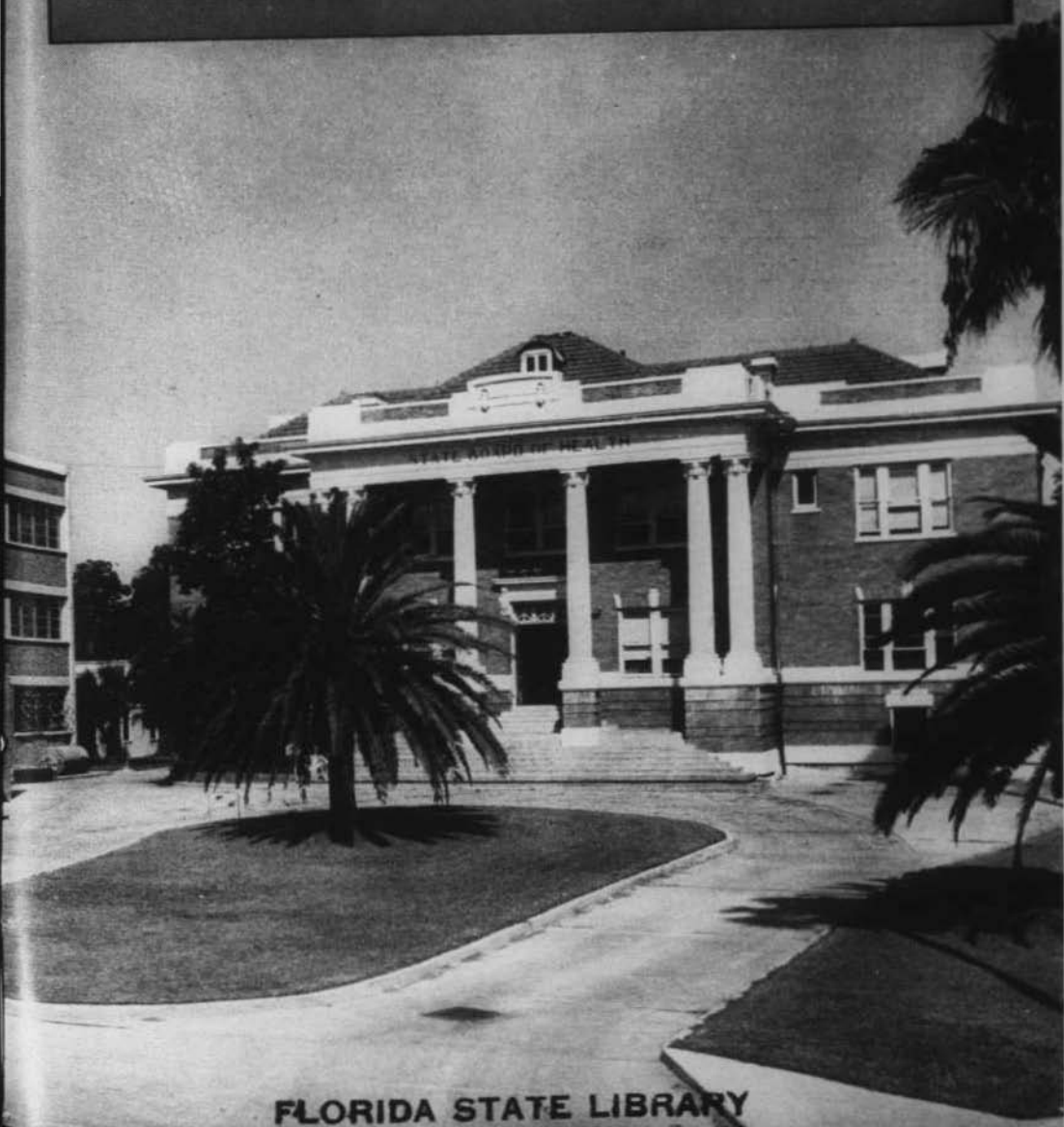
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STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS				CERTIFICATE OF LIVE BIRTH				BIRTH NO. 109-57 - 036578			
FLORIDA				REGISTRATION NO. 5238							
PLACE OF BIRTH				USUAL RESIDENCE OF MOTHER				MOTHER'S DATE OF BIRTH			
Duval				Florida				Duval			
CITY AND COUNTY				CITY AND COUNTY							
Jacksonville				Jacksonville							
HOSPITAL				STREET ADDRESS							
St. Luke's				825 Torrence Road							
DATE OF BIRTH				SEX				RESIDENCE ON 1st BIRTH			
26-10				Male				Yes			
NAME				FATHER				MOTHER			
Ronald				James				Jones, Jr.			
Maiden Name				Maiden Name				Maiden Name			
None				None				None			
DATE OF BIRTH				DATE OF BIRTH				DATE OF BIRTH			
May 15 1957				May 15 1957				May 15 1957			
RACE				RACE				RACE			
White				White				White			
CITY OF BIRTH				CITY OF BIRTH				CITY OF BIRTH			
Atlanta, Georgia				Electrician				Construction			
Maiden Name				Maiden Name				Maiden Name			
Mary				Aleene				Barlow			
CITY OF BIRTH				CITY OF BIRTH				CITY OF BIRTH			
Nashville, Tennessee				Nashville, Tennessee				Nashville, Tennessee			
SIGNATURE				SIGNATURE				SIGNATURE			
Mrs. Ronald J. Jones				A. J. Williams				A. J. Williams			
DATE OF BIRTH				DATE OF BIRTH				DATE OF BIRTH			
May 25, 1957				May 17, 1957				May 17, 1957			
CITY OF BIRTH				CITY OF BIRTH				CITY OF BIRTH			
Jacksonville, Fla.				Jacksonville, Fla.				Jacksonville, Fla.			
SIGNATURE				SIGNATURE				SIGNATURE			
Mrs. Helen Markham				Mrs. Helen Markham				Mrs. Helen Markham			

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE

(NOT VALID UNLESS THE SEAL OF THE FLORIDA STATE BOARD OF HEALTH IS AFFIXED.)

JUL 8 1957

Wilson T. Sowles, M.D.  
STATE REGISTRAR

Everett H. Williams  
DIRECTOR, BUREAU OF VITAL STATISTICS

Error is impossible when the applicant is given an actual photostat of the original certificate. The confidential part is not reproduced.

# BOOKKEEPERS OF LIFE

*"As the Lord commanded Moses, so he numbered them in the Wilderness of Sinai." — Numbers 1:26.*

But Moses counted only males over twenty who were fit to "draw the sword." Our interest in—indeed, our need for—the "bookkeeping of life" has increased greatly since then, and ancient scrolls have been completely replaced by the IBM machine, the microfilm and photostat.

Even so, the basic principle of vital statistics remains the same—to declare the legal existence of a human being by registering his birth by name, parentage, birthplace and date—to take note of his diseases as the years roll on—and finally to record his passing, close his book in dignity, and rest it perpetually in safeguarded vaults.

All of this is done in a way to serve the needs of both the individual and the public. The individual often needs a certified copy

of his birth certificate to enter school, to find employment, to serve in the armed forces, in dealing with life insurance companies, and to collect social security benefits. Governmental agencies use the data collected in planning many services—particularly those pertaining to public health, sanitation and schools. Constant attention to the records of the incidence of diseases as they arise in the various communities gives our public health officials the chance to spot trouble quickly and cope with it effectively. They use the same material for long range planning in prevention of disease.

We've come a long way from the day when Moses counted his able-bodied warriors. Now our goal is able bodies for everyone—with vital statistics as the guideposts along our road to better health.

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## FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.



*Thousands of letters pour in from every part of the state, asking for information, and containing applications for birth registration cards or certified copies of birth and death certificates.*

---

### ***The Record Begins***

The physician or midwife attending the birth of a child is required by law to prepare and file a birth certificate within ten days after the birth. This applies to live births, still births and premature births, and to miscarriages after the fifth month. The original certificate goes to the local registrar in the county where the child was born. In most cases the reg-

istrar is the director of the county health department.

On the fifth of each month the local registrar, after making a copy for his files, sends the original certificates to the Bureau of Vital Statistics, State Board of Health in Jacksonville. The certificates are reviewed and checked for missing items, then numbered and indexed, and bound in volumes to be filed permanently in a fireproof vault.



*Original certificates of births, deaths, marriages and divorces are bound into volumes and kept in fireproof vaults at Jacksonville.*

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### ***It Used To Be***

The first law requiring birth and death registration in Florida was passed in 1899. Prior to that time some cities had recorded certain vital statistics, and some of these old records have been turned over to the Bureau of Vital Statistics. There were a few births recorded as early as 1865, and some death records go back to 1877.

The 1899 law proved ineffective, however, since it did not provide for the appointment of local registrars to collect the vital records. The "Model Vital Statistics Act", which provided uniformity among the various states, was passed by the legislature in 1915, and an effective system of vital statistics registration was put into effect on January 1, 1917.



## Now

Not long after the birth certificate has been received by the State Board of Health, the Bureau of Vital Statistics will send the parents a Notification of Birth Registration. This consists of a



photocopy of the original certificate and a letter which tells the parents that the child is registered, and requests their help in making sure that the information contained in the filed certificate is correct and complete. If this notification is not received by the time the baby is four months old, the parents should contact the attendant at birth and the local registrar so that steps may be begun to have the child properly registered.

If the photocopy the parents receive is correct in every detail, nothing further need be done, un-

less a certified copy of the birth certificate, or a birth registration card is desired. However, if the certificate contains any errors or omissions, the parents should note the corrections on the form which is provided and take it to the attendant at birth with the request that he file a new and correct substitute certificate. This substitute certificate *must be filed within 30 days* after the notification has been received by the parents.

Most parents will want a certified photostatic copy of their baby's birth certificate. This is a certified copy of the original certificate filed in the vaults of the State Board of Health. It is made by a photographic process in which the dark portions come out light and the light ones dark. This certified copy is signed by the state registrar and the Director of the Bureau of Vital Statistics, and imprinted with the Seal of the State Board of Health. It is regarded as legal evidence in any court in the state. One of these certified copies is pictured on the inside front cover. The cost is one dollar.

Neither the parents nor anyone else can obtain the original certificate filed by the doctor or midwife. This is kept as a permanent record in the vault of the Bureau of Vital Statistics.

Another form of birth certification is the Birth Registration Card.

# BIRTH REGISTRATION CARD

BIRTH REGISTRATION CARD			
FLORIDA STATE BOARD OF HEALTH		VITAL STATISTICS	
BUREAU OF JACKSONVILLE		FLORIDA SAMPLE	
NAME	John Henry Doe, Jr.		
BIRTH DATE	July 4, 1952	BIRTH NUMBER	109- 52-060321
BIRTH PLACE	Jacksonville	FLORIDA	
RACE	White	SEX	Male
RECORD FILED	July 8, 1952	DATE ISSUED	July 8, 1957
<small>This is a true certification of name and birth facts as recorded in this office.</small>			
BY <i>E. H. Williams Jr.</i> DIRECTOR, BUREAU OF VITAL STATISTICS		WILSON T. SOWDER, MD., MPH. STATE REGISTRAR	
STATE OF FLORIDA			

*The Birth Registration Card, encased in plastic, is acceptable as legal evidence of date and place of birth.*

This wallet sized card is sealed in waterproof plastic, and serves as legal proof of birth date and birth place. Its cost is one dollar.

A birth registration card for any person can be obtained by anyone. For example, a husband might get one for his wife. On the

other hand, the complete birth certificate is declared by law to be a confidential record, and certified copies can be obtained only by the registrant himself, if of legal age; his parents or guardians; health, social and governmental agencies approved by the State Board of Health; or by order of a court.

This becomes a legal record when properly executed and will be placed in permanent file

Write plainly with permanent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete & accurate.

V.S.#613  
Rev. 1955

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Florida</b>		3. COUNTY <b>Dade</b>	
2. CITY, TOWN, OR LOCATION <b>Miami</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		d. CITY, TOWN, OR LOCATION <b>Miami</b>	
4. NAME OF HOSPITAL OR INSTITUTION <b>Jackson Memorial</b>		f. LENGTH OF STAY IN 15		4. STREET ADDRESS <b>1101 Williams Avenue</b>	
3. NAME OF DECEASED (Type or print) <b>Lee Alvin Johnson</b>		4. DATE OF DEATH Month <b>May</b> Day <b>30</b> Year <b>1957</b>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 29, 1895</b>	9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (State or foreign country) <b>Cochran County, Georgia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Harry F. Johnson</b>		14. MOTHER'S MAIDEN NAME <b>Millie Gaines</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>283-16-7594</b>		17. INFORMANT'S SIGNATURE <i>Mary Johnson</i> Address <b>1101 Williams Avenue, Miami, Florida</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Lung</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____					
20a. (FURNISHED) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____					
20c. TIME OF INJURY Hour _____ Min. _____ P. M. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____					
20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____					
21. I attended the deceased from <b>January, 1956</b> to <b>May, 1957</b> and last saw her alive on <b>May 30, 1957</b> Death occurred at <b>9:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <i>William Smith</i> 22b. ADDRESS <b>897 Beach Drive, Miami, Fla.</b> 22c. DATE SIGNED <b>6/3/57</b>					
23a. NAME OF CEMETERY OR CREMATORY <b>Burial</b>		23b. DATE <b>June 2, 1957</b>		23c. LOCATION (City, town, or county) <b>Evergreen Cemetery Miami, Florida</b>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>William Smith</i>		25. DATE RECD. BY LOCAL REG. <b>June 3, 1957</b>		26. REGISTRAR'S SIGNATURE <i>J. E. Cato, M.D.</i>	

## A Record of Death

The funeral director is responsible for the filing of a death certificate. He must see that the attending physician completes and signs the medical certification as to the cause of death. He must also secure the signature of the nearest relative to verify the personal particulars concerning the deceased, such as his age, birthplace, parents names, and the like. State law requires that the funeral di-

rector file the death certificate and obtain a burial-transit permit within three days after the death or before the remains are buried or removed from the county. The original death certificate is filed with the local registrar, and after a copy has been made, is sent to the Bureau of Vital Statistics for filing in the vault. A certified copy of a death certificate may be obtained for one dollar by anyone who has a legitimate need for the information contained in the document.



*All material taken from original documents to be placed in the permanent files is carefully checked and rechecked for accuracy. It is then fed into the IBM machines which count, sort, and analyze it.*

---

## ***We're Human***

Every possible effort is made to avoid and correct errors before the birth or death certificate is bound into the permanent files. But even then, necessary corrections will be

made upon presentation of proper evidence. Persons desiring corrections to be made in vital statistics records should write, giving full details, to the Bureau of Vital Statistics in Jacksonville.

## ***Adoptions***

When a child is legally adopted and the necessary papers have been filed by the court with the Bureau of Vital Statistics, a new birth certificate is prepared for the child, giving its new name and the names of the new parents. The original certificate is filed away sealed, never to be opened again except by order of a court. This is the case, however, only where a child was born in Florida. If the child was born in another state, it is up to the parents or their attorney to arrange for the new birth certificate in the state of the child's birth.

## ***Born Out of Wedlock***

Florida law provides that a child born out of wedlock automatically becomes legitimate if the parents marry. In such cases the parents should notify the Bureau of Vital Statistics, so that a new birth certificate can be prepared. Here again, the old certificate is filed away sealed, never to be seen again except by court order.

In the case of a child born out of wedlock, the certificate should show the name by which the child will be known. This need not

necessarily be the maiden name of the mother.

The state law maintains confidentiality of these records by prohibiting the issuance of a copy which would disclose illegitimacy, except by court order.



## ***Not A Perfect Record***

Good law and good intention notwithstanding, all births occurring in Florida are not registered. The doctor or midwife may forget to file the certificate, or become ill and leave the task uncompleted. In 1940 the figures compiled in the federal Census indicated that 89.9% of the babies born in Florida that year were registered. In 1950



## "YOU DON'T SAY---"

People reveal many things about themselves when they write in to the Bureau of Vital Statistics seeking information. For instance:

"—If you will just send me her birth certificate I will prove to them all that she is more like 45 than 35. I'm sick and tired—"

"—I need to know if he is divorced from this Gertie and this blond one because now I'm his wife and he is running around with this—"

"—We lived in that old brick house just north of the cane mill, and anybody will tell you and mama says we were all born there except me—"

"—He was about five feet ten or maybe five feet twelve and everybody liked him. His daddy fight with pencho viller in the mexico war—"

"—We had a dish called cush made of biscuits, corn bread, toast and eggs fried on a skillet. They called me Sugar foot—"

"—Wire collect my date of birth today. Being induced into the Marines—"



*IBM machines do in a few minutes the sorting and counting work that would take weeks to accomplish by hand.*

---

the figure rose to 97.5%, a considerable improvement. Some counties report 100% of their babies registered, while others do not have such a good record. The objective of the State Board of Health is of course, to make sure that every child born receives his birthright of registration.

### ***It's Not Too Late***

Any person over four years of age, born in Florida, and who does not have a birth certificate on file, may apply for a "delayed birth certificate" by presenting certain evidence as to place and date of birth and the names of his parents.

records. Every effort has been made to make the filing of a delayed birth certificate as easy as possible, and at the same time uphold the standards, so that these records will be honored by all agencies as solid proof of the facts that they contain.

In these modern times almost every person establishes certain records as he moves along through the normal processes of living. In his earliest years he may accumulate a baptismal certificate, Sunday School enrollment record, hospital record, Bible entry, insurance policy and school records. Later on he acquires employment records, social security records, marriage application, voting registration receipt, and many other similar papers. Also, those who were living in the state during the calendar years of 1935 or 1945 may obtain a certification of their age and birthplace from the Honorable Nathan Mayo, Commissioner of Agriculture, Tallahassee, Florida. State Census records are available for those years. Many people born prior to 1940 can get records from the United States Census Bureau in Washington, D. C.

## ***You May Save Time***

If you need proof of birth date, birthplace, or parentage for a Federal agency, *go to that agency before* you apply for a delayed record of birth. Often it takes less time to prove these facts for such an agency than it takes to file a delayed birth record. Some Federal agencies need to see the basic evidence you can collect, whether you have a delayed birth certificate or not.

## ***All Kinds of Records***

Permanent records are kept of the facts regarding both ends of the human life span. But these are by no means the only figures that go into the books of vital statistics. All through his life, man either does, or is the victim of things that the vital statistician must record. Marriages, divorces, and changes of names, diseases and their effects—these are the daily grist for his mill.

For the medical profession, public health officials, interested lay groups and individuals, and the press, radio and television, the Bureau of Vital Statistics makes reports—finely detailed reports on a regular basis—that tell the people

## WHY REGISTER BIRTHS?

For school entrance

For athletic participation  
in school and amateur  
groups

For marriage license

For military service

For passport

For proving parentage

For property inheritance

For voting

For insurance settlements

For driver's license

For social security benefits

For establishing citizenship

For veteran's benefits

the state of the public health in Florida.

Once each month the Bureau publishes a statistical report showing in detail what happened to our citizens during the past month. It shows 42 diseases or groups of diseases (including suicides, accidents and homicides) which accounted for all the deaths in the state. It shows by county all the births, deaths, marriages, divorces and annulments, and causes of death tabulated by county and race. This report reaches 1225 "consumers".



Once a week the Bureau circulates its Morbidity report, which tells by county the number of cases occurring during the week of 37 reportable diseases, shown singly or in related groups. This goes out to some one thousand readers in the field of medicine and health.

Thousands of hours of work go into the two annual reports made and published by the Bureau. The annual morbidity report is a finely detailed statistical analysis of diseases reported in Florida during the calendar year. Its many pages give by county, age and sex the information that is so necessary to physicians, statisticians, and the many other public health workers, both state and national, who plan our health safeguards.

The Annual Vital Statistics report is also a volume that consumes thousands of hours of work. It contains facts concerning births, deaths, stillbirths, marriages, and divorces which are tabulated, charted, graphed, and analyzed for the benefit of those who plan our public destiny in matters of health and civic improvement.

The effectiveness and accuracy of the work of the Bureau of Vital Statistics depends for a large part on the efforts of literally hundreds of doctors, nurses, midwives, funeral directors, court clerks, local registrars and others, who daily handle throughout Florida the many details of recording our life's events, and pass their accumulated facts along to the central offices in Jacksonville.



## WHY REGISTER DEATHS?



For life insurance claims

For settlement of pension  
claims

For estate settlement

For veteran's benefits

And the Bureau works not only to provide the needed statistics and facts for other agencies in the state, but for the nation and the world as well. Close coordination is maintained with the United States Public Health Service's statistical branches, the Census Bureau, and other federal government agencies. "Bookkeepers of Health" our

statisticians have often been called. And as living constantly becomes more complex, so will their efforts become more needed and more valuable. In the vast organization that makes up the network of state and county health departments, no bureau is more important than the one that gathers the facts and keeps the records—the Bureau of Vital Statistics.

**RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000  
POPULATION, FLORIDA, 1931 - 1956**

YEAR	POPULATION	BIRTHS	BIRTH RATE	DEATHS	DEATH RATE
1956*	3,886,600	96,969	25.0	36,876	9.5
1955	3,643,562	89,112	24.5	33,295	9.1
1954	3,481,528	85,011	24.4	31,433	9.0
1953	3,111,100	80,087	25.7	30,529	9.8
1952	3,006,400	74,219	29.7	29,136	9.7
1951	2,901,800	70,431	24.3	27,857	9.6
1950	2,797,100	64,370	23.0	26,525	9.5
1949	2,692,500	61,642	22.9	25,317	9.4
1948	2,587,800	59,685	23.1	24,505	9.5
1947	2,483,200	60,201	24.2	24,150	9.7
1946	2,378,500	54,347	22.8	22,750	9.6
1945	2,273,900	48,839	21.5	22,594	9.9
1944	2,196,195	49,186	22.4	23,251	10.6
1943	2,125,935	46,783	22.0	23,213	10.9
1942	2,055,675	40,675	19.8	21,144	10.3
1941	1,985,415	37,351	18.8	21,438	10.8
1940	1,915,155	33,696	17.6	21,458	11.2
1939	1,853,660	32,437	17.5	20,209	10.9
1938	1,795,322	31,101	17.3	19,949	11.1
1937	1,736,984	29,529	17.0	19,825	11.4
1936	1,678,646	28,116	16.7	20,050	11.9
1935	1,620,308	28,058	17.3	19,059	11.8
1934	1,585,596	26,722	16.9	19,518	12.3
1933	1,554,000	25,647	16.5	18,112	11.7
1932	1,530,356	27,242	17.8	17,721	11.6
1931	1,502,736	26,789	17.8	17,291	11.5

\*1956 data based upon preliminary totals.

# FLORIDA STATE BOARD OF HEALTH

1217 Pearl Street or P. O. Box 210

JACKSONVILLE, FLORIDA

HON. LEROY COLLINS  
Governor of Florida

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All Counties in Florida have organized county health departments, except  
St. Johns County

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# *Florida* **HEALTH NOTES**



OCT.  
1957

**WHOLESOME MEATS**  
FLORIDA STATE LIBRARY

Vol. 49  
No. 8



# THE STAMP OF APPROVAL



*This stamp is always round and is printed on your meat in purple ink. It shows you that an Inspector of the U. S. Department of Agriculture has inspected it and certified that it is wholesome and has met all standards set by the Federal Government. It can be sold in any of the 48 States.*



*This stamp is always oval shaped and appears on your meat in blue-black ink. It tells you that a Florida Livestock Board Inspector has checked the meat before and after slaughtering and certifies that it has met the standards required by the Florida Meat Inspection Act of 1952.*

IF YOU BUY MEAT, OR MEAT PRODUCTS, BEARING EITHER OF THESE STAMPS YOU ARE ASSURED THAT IT IS OF TOP QUALITY, CLEAN AND FREE OF DISEASE.

# WHOLESOME MEAT

These are the days of the outdoor barbecue grill, the fun of outdoor cookery, and the exchange of recipes on how best to prepare—well, it's usually meat, isn't it? The salad and the vegetables are whipped up in the kitchen but the meat is carefully prepared on the outdoor grill. You get a real thrill out of letting the delicious aroma of hamburgers, chicken, fish, hot dogs or steak, mingled with hickory smoke drift over into your neighbor's window and watch with satisfaction as he peeks out at you busily cooking away over a bed of hot coals. Soon that steak is "just right" and you ease it onto a plate and sit down to a meal fit for a king. You raise that first forkful—but STOP! we hate to do this to you but did you check to see if your meat was inspected

when you bought it? Did you see on it anywhere the purple stamp showing that a Federal Inspector says it is clean, wholesome and free from disease? Or did you find the blue-black stamp that says it was inspected by a State Livestock Board Inspector? If not, you may be about to eat undersirable meat—meat that may be carrying one of the 80 diseases that infect animals and are transmissible to man.

There is no *compulsory* law in Florida to make sure that all meat is inspected. True, some cities have ordinances requiring that meat sold over the counters bear the inspector's stamp, but these laws usually do not extend beyond the city limits. If you make your purchases "over the line" you may not be afforded this protection.

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## FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

## Why Are We Concerned Over Meat Inspection?

It has been said that in Florida we have three kinds of inspection—Federal, State and *none at all*.

Meat and meat products bearing the *Federal* meat inspection stamp may be sold in any of the 48 states.

*State* inspected meat may be sold anywhere in the State of Florida.

Some Florida cities have their own inspection requirements which may be equal to or even more rigid than state inspection requirements. Unfortunately, there are some cities which have no inspection laws at all. Others have such laws but they are poorly enforced.

The State Board of Health has no actual responsibility other than to assist State and County officials with their public health problems. However, the Division of Veterinary Public Health offers advice and technical assistance where requested. The State Board of Health is always vitally concerned with this problem since many food-borne diseases come from meat.

For example, a disease known as BRUCELLOSIS is found in pigs, sheep and cattle. Experts estimate that 3 percent of *all* cows carry this infection. When transmitted to man it is known as UNDULANT FEVER. Therefore, since it affects man and his health it is important to the State Board of Health.

Also carried by all meat producing animals is TUBERCULOSIS. However, great strides have been made in the past years toward the reduction of this disease among animals, particularly cattle, and although it is not yet stamped out it is considered to be very well under control.

Diseases in meat arise either from original infection in the animal, from infections carried by human beings who process the meat, or from unsanitary conditions in the packing house or market. The major diseases involved may be classified as follows:

### DISEASE IN MAN

Anthrax  
Brucellosis (*undulant fever*)  
Erysipelas (*a skin disease*)  
Salmonellosis(*diarrhea*)  
Tapeworm  
Trichinosis (*worms in muscles*)  
Tuberculosis

### PRINCIPAL SOURCE OF MEAT INFECTION

Cattle, goats, sheep, swine  
All animals, environment  
Swine  
All animals, men  
Cattle, swine  
Swine  
All animals

Also, when meat is killed and dressed in the woods it is usually not properly washed. It requires thirty gallons of water to wash the carcass of a pig—fifty gallons to properly wash a cow.

One of the most important factors to be considered is that meat killed in the woods is not properly refrigerated. It is vitally important that a dressed animal be immediately chilled. The farmer doesn't have the expensive cooling machines found in better packing houses and allows the carcass to cool slowly as the body heat leaves it. To prevent spoilage he coats it liberally with salt. You might have noticed how salty some of your

"country" hams were when you ate them.

If you buy meat in the country that has been dressed out by someone you know is clean, has a clean family, and who observes good personal hygiene, the chances are that your meat will be alright. But even the farmer doesn't always know if his animals are free from disease.

You can't tell these things usually, just by looking at the meat. But when you see the stamp of approval placed there by Federal or State Inspectors you have no fear that your meat has come to you under any unfavorable conditions.

WHERE THERE IS AN EPIDEMIC OF A DISEASE AMONG ANIMALS WHICH IS TRANSMISSABLE TO MAN, THE STATE BOARD OF HEALTH WORKS CLOSELY WITH THE STATE LIVESTOCK BOARD IN TRYING TO FIND OUT WHERE THE DISEASE ORIGINATED AND HOW IT CAN BE CONTROLLED.

IN AREAS OF FLORIDA WHERE MEAT INSPECTION IS NOT REQUIRED, IT IS THE FUNCTION OF THE COUNTY HEALTH DEPARTMENT TO SEE IF A LOCAL ORDINANCE CAN BE ADOPTED SO THAT YOU — THE CONSUMER — CAN BE PROTECTED.

## But How Does Diseased Meat Reach Your Table?

In the early days of our country every man raised cattle, hogs and sheep for food and had the privilege of killing, dressing out and preparing the meat as he wished. This custom holds true today with the exception that the law states that if a man is slaughtering more than 20 head of cattle or 35 hogs per week he is considered to be in the meat packing business and must have his facilities inspected by the state before his meat can be delivered to a market for public consumption.

Therefore, the farmer who butchers and sells a couple of cows or a few hogs to make a little extra money does not have to meet the requirements of state inspection. If the butcher who buys the meat is not subject to any local ordinance, he is perfectly free to sell the uninspected meat to you—the consumer.

You have no way of knowing if the cows were sick at the time they were slaughtered. You can't know if one of them was struck by a truck on the highway and either badly injured or killed, being skinned and dressed out quickly to try to salvage the loss.

You have no way of knowing if that "country sausage like grandma used to make" was made of pork that came from a "downer."

"Downers" are pigs suffering so badly from calcium deficiency or parasites that they are unable to use their back legs and drag themselves around by their front feet only.

Or how do you know whether that pork came from a pig that was fed uncooked garbage and was infected with *Trichinosis* at the time of his butchering?

It has been said that in the packing house everything is used except the squeal. This is literally true, for the bones, feet and blood go into fertilizer. The liver, heart and tongue are purchased as tasty items from your butcher. From the pituitary glands comes a drug known as *Pituitrin* which is used to control bleeding in humans and to stimulate the milk flow in new mothers. From the adrenal glands we secure *Adrenalin*, a heart stimulant, and *Cortisone*, now being used so widely for treatment of arthritis.

When animals are killed and dressed in the woods these valuable parts are wasted since they are usually buried near the site of the slaughter. Many packing houses operate on such a small margin of profit that the sale of the by-products of the animals they kill often means their entire source of profit.



## What Does Meat Inspection Consist Of?

How can you be sure that an inspector's stamp means the meat is clean, wholesome and free of disease? Well, take a look at an inspector performing his duties at one of the packing houses.

ly. He looks for signs in the eyes that may tell him if a cow is diseased. He notices the jaw muscles to see if they are enlarged or abnormal. He looks for cuts, bruises, abrasions, and suspicious discharges from the body openings.



*The inspector, accompanied by the packing house owner, examines cattle in the pens before they are slaughtered. If he observes any external signs of disease or injury he has the "suspected" animal condemned, or slaughtered separately from the others. This is the ANTE-MORTEM inspection.*

The first inspection is called the ante-mortem, or before death, inspection. The inspector, usually a veterinarian walks about among the cattle to be slaughtered that day and observes each one close-

ly. Some cattle are condemned right on the spot. However, if the inspector is not sure about an animal he will put it in a pen and have it slaughtered separately from the others.

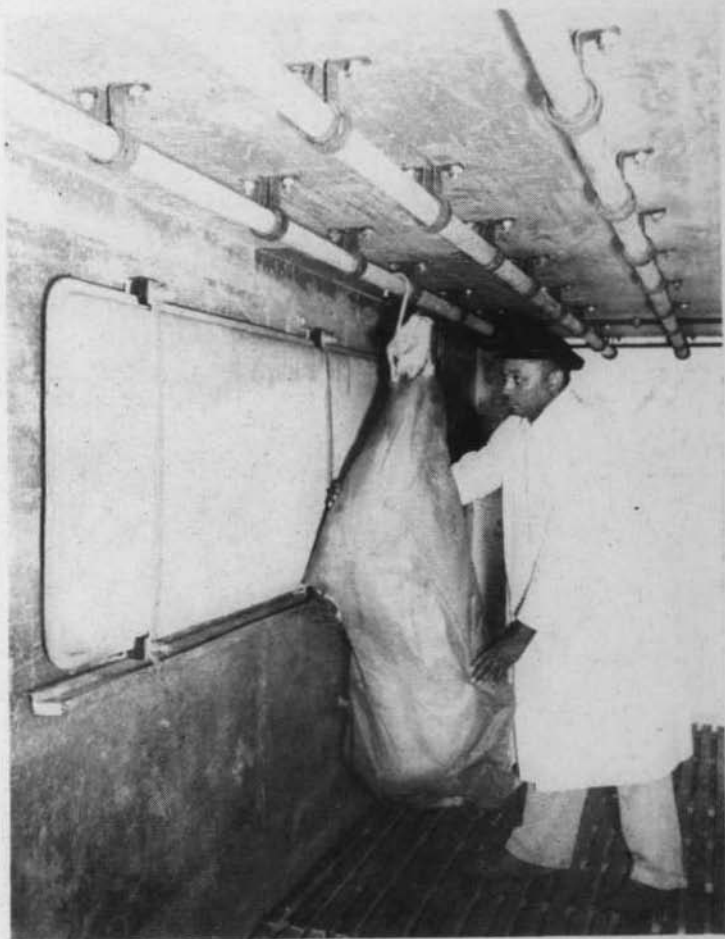


*The post-mortem inspection is made in the abattoir. Here the inspector examines the organs and the dressed carcass before stamping it with the seal of approval.*

After it is slaughtered he then begins his inspection of the carcass. The organs are carefully cut into and examined for visible evidence of suspected disease. If, in his opinion, the meat is found to be diseased or unfit for human consumption the inspector condemns it and it is used as fertilizer. In some cases only part of the car-

cass is condemned. This permits part of it to be saved and eliminates needless waste.

In addition to the examination of suspected carcasses the inspector also keeps an eye on the rest of the packing house. He sees that the knives, cleavers, and other instruments for cleaning the carcasses are kept clean and sharp.



*The meat is transported in refrigerated trucks. Literally "Iceboxes on Wheels", the cooling units keep the meats at a constant low temperature while in transit to your neighborhood market.*

He sees that the employees keep themselves clean and observe good personal hygiene. He checks the temperature of the cooling rooms and the wrappings that go over the carcasses before they are delivered to the butcher.

Last, but not least, he examines

the trucks that carry the meats to the supermarkets and the neighborhood stores. Literally "iceboxes on wheels", the meat is carefully hung inside the trucks where refrigerating units keep it at the proper low temperature at all times.



*When you see meats transported by trucks bearing this sign, "U. S. Government Inspected", you can rest assured that they are clean, wholesome and free of disease.*

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That's why the packer in the picture above is pointing with pride to the wording on the side of his truck that tells everyone that his

meats have met all the specifications of the law and that he is credited with bringing you a quality product, prepared, stored and transported under rigid inspection.

## But What Happens to the Meat After It Leaves the Packing House?

This is where the County Health Department Sanitarian takes over. It is his duty to inspect the markets handling the meats and to see that all the many facilities needed to keep it safe for you are maintained properly.

One of the important things he checks on are the health cards required for each employee handling the meat products. The employees are required to have periodic physical examinations, including chest x-rays, and are not permitted to



*The round stamp shows you that the meat has been inspected by the U. S. Government inspector and has been certified by him. The smaller oblong stamps are the grade stamps which tell you the GRADE of meat you are buying.*



## HISTORY OF MEAT

The early Egyptians probably originated meat inspection. They designated certain animals as unclean. Among them was the hog which they forbade men to eat. This edict was enforced by the Egyptian priests.

Among the Israelites, the priests were also the judges of the meats, which explains why they were so concerned with religious animals offered for sacrifice. It was required that these sacrificial animals be healthy and without a blemish, for the priests themselves received a share of the meat from all animals sacrificed. Eating the blood, fat, and meat of hogs was strictly prohibited. Finally, specific instructions regarding the slaughter and examination of food animals were laid down.

Mohammedan food regulations, even today, are similar to the Israelite and Egyptian food laws. The old Greeks and Romans, however, greatly favored pork. The Athenians at one time forbade the eating of the meat of lambs that had not been shorn.

Well-equipped abattoirs and meat markets existed in ancient Rome. However, it was not until the eighth century that the Germans in northern Europe had any food edicts. The first known was the prohibition of the eating of horse meat, followed soon after by the decree that bacon and pork should not be eaten unless cooked.

# MEAT INSPECTION

In the thirteenth and fourteenth centuries, regulations were set up regarding the slaughter of sick and immature animals. Especially mentioned was the measles of hogs, bloating of meat, "pearly" disease and the meat of skinny and diseased animals. Animals found to be afflicted with any of these disorders were disposed of in the public abattoirs.

In Germany in 1772, a decree was issued requiring the professional opinion of the district physicians on cattle which were afflicted with an infectious disease. A stock examiner, in other diseases, had to pass upon the fitness of meat for consumption.

Federal meat inspection in the United States dates back to 1890. When would-be European purchasers of our meat looked with disfavor on our products because they bore no official evidence showing them to be healthy animals, Congress remedied this situation by providing a service that would make inspections and certify to foreign governments the health of animals and the wholesomeness of our meats sent abroad.

Congress later broadened the meat inspection law by the Act of June 30, 1906. This act applies to all slaughtering and meat-processing establishments that prepare meat or meat products, or meat food products for shipment in interstate or foreign commerce.

work without a current health card.

A thorough check of the doors, screens, windows, and other openings to the building is made to insure that flies and other insects, as well as rats, dogs, cats, and other animals cannot get in and contaminate the food.

The proper handling and disposal of garbage and waste from the market is vitally important and the sanitarian is careful to see that the storekeeper is not lax in these matters.

Next he checks on the sinks and hot water where equipment is cleaned and washed, insisting on maximum cleanliness at all times. The washroom facilities for the employees must be kept clean and neat.

All equipment that actually comes in contact with your meat is also checked. The grinders, blocks, tables, knives, saws, even the cloths that are used to wipe excess water from the implements are carefully checked. The trays in which meat is placed on the scale for weighing; the cardboard boxes in which the meat is placed after cutting or grinding; even the paper in which it is wrapped is

inspected to assure that your meat is handled in the most sanitary manner.

The cooler box is checked to see that a constant temperature of at least 38 degrees is maintained. The box must be kept clean and neat and meats must be stacked and hung so that they receive the proper circulation of cool air around them at all times.

The sanitarian checks the meats to see if they are clean and fresh. He has the authority to condemn meat and have it disposed of, or he may even prefer charges in court against an offender who persistently fails to meet the standards established by law. If the local ordinance requires that only state or federal inspected meats be sold, the sanitarian may confiscate, or simply pour kerosene over meats he finds that do not conform to the ordinance requirements.

..... so now you have some idea why we say you should check your meats and look for the stamp of approval. Oh, you did check it and found a stamp? Well, go right ahead and have yourself a feast. You know you have nothing to fear.



## What About Other Meat Products?

There are a great many food products on the market today made of meat. Among them are hamburger, sausage, cold cuts, various sandwich and luncheon meats, and sandwich spreads containing meat mixed with cheese and other products.

Generally speaking, if these items are prepared and packaged by a well known reputable company you have nothing to fear. The 1952 Florida Meat Inspection Act which was prepared and sponsored by the State Livestock Board, specifies the amount of cereal, moisture, and the amounts and kinds of preservatives that may be used. Manufacturers must meet these specifications or have their permits revoked.

However, the same Act provides that hamburger, sausage, and other similiar products may be sold without inspection if the butcher prepares and sells them on the same premises. And, of course, it is at this point that the consumer

wants to be sure he knows he is buying from a reliable merchant, otherwise he might be purchasing adulterated foods.

There is neither a state nor a federal inspection of poultry or fish. When you buy either of these products in your market you must be careful that they appear fresh and have no offensive odor. If the poultry doesn't feel sticky where the wings and legs join the body or if the gills on your fish haven't taken on a pinkish color then you can be sure that they are reasonably fresh since spoilage usually is indicated first by these conditions.

You will find further over in this issue of Health Notes a list of household checks you can make to insure that your meats are palatable and not likely to cause you illness or discomfort. Read it over carefully and let it be your guide from day to day in checking your food.

## SOME HOUSEHOLD TESTS FOR FOOD WHOLESOMENESS

FOOD	INDICATIONS OF SPOILAGE OR CONTAMINATION	COMMENTS
CANNED FOOD	Swelled top and bottom. Dented areas along the side seam. Abnormal odor of contents. Indications of foaming. Milkyiness of liquor above food.	These indications of spoilage apply to canned vegetables, meats, fish and poultry. Home-canned meats and vegetables should be cooked thoroughly before served.
FISH	Gills gray or greenish. Eyes sunken. Flesh is easily pulled away from bones. Fingernail indentation persists in flesh. Rigidity not present.	Off-odor can be detected quite frequently in spoiled fish.
SHRIMP	A pink color develops on upper fins and near the tail. Off-odor similar to ammonia is often detectable.	Some types of shrimp are naturally pink. Cooked shrimp also develops a pink or salmon color. Both of these are wholesome if the odor is not abnormal.
MEAT	Off-odor is detectable. Slimy to touch.	Beef usually spoils first on the surface. Pork usually spoils at the juncture of bone and meat in the inner portions. To test for spoiled pork it may be necessary to use a pointed knife to reach the interior of the meat. An off-odor on the knife is an indication of spoilage.
DRESSED POULTRY	Stickiness appears first under the wing. At the juncture of legs and body and on the upper surface of the tail end. Darkening of the tips of the wings sometimes indicates spoilage.	Dressed poultry should be washed thoroughly before cooking and the hands likewise should be washed after handling the poultry.



FRUITS AND  
VEGETABLES

Evidence of a white or grayish powder indicates spray residues. These chemicals may be poisonous and should be washed off.  
The chemical may be present around the stems of fruit and at the juncture of the leaves and the stems of cabbage, cauliflower, celery and lettuce.

Most of the chemicals used by growers are not dangerous; some may be.  
All fruits and vegetables must be washed before eaten or cooked.  
Cooking will not destroy the spray chemicals.

CEREALS

Spread cereal on brown paper. If insects are present they will be readily seen. If even one is observed destroy the entire batch of cereal. Adjoining batches of cereal on the pantry shelf also should be examined and the containers in which the infested cereals were stored should be scalded and dried before being used again.

None of the insects that usually infest cereal are dangerous -- even if accidentally consumed. However, no one wants to eat such infested food.

SALADS

There is no specific test for salads. Chicken salad, tuna and other fish salads; non-acid potato salad; all types of custard-filled pastries and some types of cold cuts must be kept refrigerated at all times. All have been touched with the hands during their preparation and may be considered slightly infested.

Refrigeration of these foods will keep any possible infection from increasing. Spoilage is often impossible to detect until these foods are totally spoiled. Serve salads immediately after taking from refrigerator.

FROZEN FOODS

Frozen foods, like ice cream will spoil if kept out of the refrigerator for any great length of time. Spoilage is caused by the warming of these foods to room temperature and the resulting growth of bacteria in or on the food.

Cook frozen vegetables thoroughly before serving to destroy any infection that may be present.

"LEFT-OVER" FOOD

Regardless of the type of food, unless it has been refrigerated below 45° F. it may be considered slightly infested or spoiled. The off-odor of spoiled food is not always perceptible. Don't keep "left-over" cooked food after 36 hours unless it is cooked again.

Bacterial spoilage of food begins as soon as it becomes warm. Refrigeration will retard this bacterial action and delay the spoilage. Cooking the food before serving, and refrigerating below 45° F. between servings will keep the food safe.

## ILLNESSES ATTRIBUTED TO FOODS

NAME	ETIOLOGICAL AGENT	FOODS USUALLY INVOLVED	ONSET	SYMPTOMS	PREVENTIVE PROCEDURES
TOXINS					
Botulism	Toxins A, B, or C of <u>Clostridium botulinum</u>	Home-processed protein foods; inadequately canned foods with pH over 3.5	24-48 hours	Inverse Strabismus; constipation; loss of muscular control; paralysis of central nervous system.	Pressure cooking in processing foods; cooking foods thoroughly before serving.
Staphylococcus Food Poisoning	Enterotoxin producing Staphylococcus usually of pigmented variety.	Cooked ham; salads of protein-food. Custard pastries; Hollandaise sauce; "Warmed-over" food.	2-4 hours	Nausea; emesis; shock; diarrhea; absence of rise in temp.; absence of increased heart action.	Cooking foods thoroughly; refrigeration of moist foods during storage periods;
TRUE INFECTIONS					
Salmonellosis	Members of Salmonella family, e.g. <u>S. enteritidis</u> <u>paratyphi</u> <u>newcastle</u> <u>aertrycke</u> and others	Poultry salads; poultry dressing; duck eggs; "warmed-over" foods.	6-48 hours	Nausea; abdominal pains; diarrhea, slight fever; slight vomiting.	Cooking of food thoroughly; strict personal cleanliness in food preparation; refrigeration of moist foods during storage periods.
Dysentery-Bacillary	Various species of Shigella - Sonne, Flexner and others.	Moist foods; dairy products; water contaminated with excreta; carriers.	1-7 days. Usually less than 4 days	Diarrhea; bloody stools; fever.	Strict personal cleanliness in food preparation; refrigeration of moist foods during storage periods; cooking of foods prior to serving.
Typhoid Fever	<u>Salmonella typhosa</u>	Moist foods; dairy products; water, shellfish, salads contaminated with excreta from carrier, direct or indirect.	3-38 days. Usually 7-14 days	Characteristic.	Pasteurization of milk and other dairy products; certification of shellfish; chlorination of water; prohibit carriers from handling food.
Undulant Fever Bang's Disease Brucellosis	<u>Brucella melitensis</u> (Caprine) <u>Brucella abortus</u> (Bovine) <u>Brucella suis</u> (Porcine)	Raw milk; dairy products manufactured from raw milk. Contact with infected animals.	6-30 days. Usually 14 days.	Pains in muscles and joints; undulating fever; profuse perspiration; malaise.	Pasteurization of milk and other dairy products; isolation of infected cattle; instruction of abattoir personnel.

Well's Disease	<u>Leptospira ictero-hemorrhagiae</u> <u>L. canicola</u>	Foods contaminated with rodent or canine urine.	4-19 days Usually 9-10 days.	Fever, muscular pains; headache; jaundice in 50-60% of cases.	Elimination of rodents from food establishments.
Streptococcus Infection	Certain strains of hemolytic streptococci	Foods contaminated with nasal or oral secretions from case or carrier; milk from infected cows.	2-3 days	Fever, sore throat; rash occasionally.	Pasteurization of milk and other dairy products; search for and isolate carriers.
Tuberculosis (Not pulmonary)	<u>Mycobacterium tuberculosis</u> ( <u>hominis et bovis</u> )	Unpasteurized milk and other dairy products.	Not Known	Local manifestations; positive tuberculin test	Pasteurization of milk and dairy products.
Tularemia	<u>Pasteurella tularensis</u>	Wild rabbits and hares; woodchucks and similar wild animals; rats by handling.	1-10 days Usually 3 days	Chills, fever typhoid-like; conjunctivitis; swollen lymph glands.	Prohibition of importation and sale of wild rabbits and hares. Cook wild rabbit meat thoroughly. Care in handling wild rabbits.
Q-Fever	<u>Coxiella burnetii</u> ( <u>Rickettsia burnetii</u> )	Raw milk - contact with infected livestock	2-3 weeks	Sudden chills; severe sweating; headache.	Pasteurization of milk and other dairy products. Instruction to cattle handling personnel.

#### NON-BACTERIAL ORIGIN - PARASITES

Dysentery Amoebic	<u>Endamoeba histolytica</u>	Water contaminated with sewage. Moist food contaminated with human feces.	Several days to 4 weeks	Diarrhea varying in degree; colitis; abdominal discomfort.	Chlorination of water; strict cleanliness in food preparation. Control of human excreta.
Trichinosis	<u>Trichinella spiralis</u>	Insufficiently cooked pork and pork products	2-28 days Usually 9 days.	Nausea, vomiting, diarrhea, muscular pains, fever, labored breathing, eye bags.	Cook pork and pork products thoroughly, over 150°F.; discontinue feeding garbage to swine; feed only boiled garbage to swine. Freezing pork and pork products under time and temperature conditions.

NAME	ETIOLOGICAL AGENT	FOODS USUALLY INVOLVED	ONSET	SYMPTOMS	PREVENTIVE PROCEDURES
Meat Tapeworm	<u>Taenia saginata</u> -beef <u>Taenia solium</u> -pork	Insufficiently cooked beef or pork products.	Several weeks	Anemia, nausea.	Cooking of beef and pork products.
Fish Tapeworm	<u>Diphyllobothrium latum</u>	Insufficiently cooked fresh water fish. Siscos Tullibees White fish	5-6 weeks	Anemia - in some cases.	Cooking of fresh water fish.

## CHEMICALS

Arsenic Poisoning	Insecticides and roden- ticides.	Unwashed fruits and vegetables.	1 hour or less.	Emesis, diarrhea de- pending on dose.	Washing of fruits and vege- tables
Fluoride Poisoning	Insecticides.	Accidental contami- nants.	1 hour or less.	Emesis, retching, cramps, pallor, collapse.	Discontinue use; restrict by law.
Antimony Poisoning	Enamelware (gray)	Leaching of container by acid foods.	Few minutes to hours	Emesis, abdominal pains, spasms, collapse.	Discontinue use.
Lead Poisoning	Insecticides and con- tainers.	Unwashed fruits and vegetables, accidental contaminant.	$\frac{1}{2}$ hour or longer	Abdominal pains, vom- iting.	Washing of fruits and vege- tables.
Copper Poisoning	Copper containers and copper pipes.	Accidental contaminant	6-8 hours	Emesis, no specific symptoms.	Discontinue use.
Cyanide Poisoning	Sodium cyanide	Accidental contaminant with metal detarnishers	2 hours or less	Emesis, diarrhea.	Discontinue use by law.
Cadmium Poisoning	Plating metal	Leaching of containers and trays by acid foods	$\frac{1}{2}$ hour or less	Nausea, emesis, cramps.	Education of manufacturers.
Zinc Poisoning	Galvanized ware	Accidental contaminant leaching of galvanized containers.	1 hour or less	Diarrhea, astringent taste	Education of food handling personnel.

Organic Compound Poisoning	Accidental contaminant	Accidental contaminant	Variable	Variable	Education of consumer.
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#### NATURAL POISONS

Mushroom Poisoning	Muscarin and others	Inedible varieties <u>Amanita phalloides</u>	1 hour or less	Convulsions, emesis	Education of consumer.
Mussels Poisoning	<u>Gonyaulax catenella</u> a dinoflagellate	In certain seasons	1 hour or less	Respiratory paralysis	Education of consumer.
Rhubarb Leaves Poisoning	Oxalic Acid	Inedible part of plant. Leaves contain Oxalic acid	1 hour or less	Diarrhea, emesis, intensive thirst	Education of consumer.
Phytolacca (Poke leaves) Poisoning	Unknown	Inedible part of plant (Old leaves and berries)	1 hour or less	Emesis, vision impairment	Education of consumer.
Solanine Poisoning	Solanine	Eyes of potatoes.	1 hour or less	Violent diarrhea, headache, jaundice.	Education of Consumer.

#### OTHERS

Allergies	Specific foods	Characteristics of consumer	Variable	Variable depending upon individual and food	Education of consumer.
Environmental Circumstances	Carbon monoxide Excessive activity.	Inhalation of CO before or during eating; eating under undesirable environment.	Several minutes	Emesis, headache, prostration.	Education of consumer.

FLORIDA STATE BOARD OF HEALTH



## Just So You Can Be Sure

The next time you go shopping look over the meats in your butcher's showcase. Look for the purple stamp of the federal inspector or the blue-black stamp of the state inspector. If you don't see it ask your grocer about it. If he is a reliable dealer he will be happy to reassure you by showing you the stamp on the original piece of meat.

In all cases, if you trade outside the city limits be *more than careful* about the meats you buy. Just because they do not bear the inspector's stamp does not necessarily mean they are not good meats. But you do know that the stamp means

you need not question them.

Check up and see if there is a local ordinance requiring the sale of inspected meats in your town. If not, then lend your support to an effort to get one adopted.

Statistics show that each person in the United States consumes approximately 175 pounds of meat annually. It costs less than ten cents *per person per year* for meat inspection. Don't you agree that this is a pretty cheap price to pay for insurance that guarantees that the meat you eat is clean, wholesome and free from disease?



*If you don't see an inspection stamp on your meat just ask your grocer to show it to you. He will be happy to do so.*

# FLORIDA STATE BOARD OF HEALTH

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All Counties in Florida have organized county health departments, except  
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# HEALTH NOTES



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- CITY WATER
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NO DOGS OR CATS ALLOWED IN THE PARK.  
and we reserve the right to rule on other pets.



# TRAILER PARKS

For more than a hundred years Florida has attracted people from other states and our health-giving stable climate was not the least of the attractions. (In 1956 more than 5,788,000 tourists visited Florida.) They were attracted by our sunshine, beaches and recreational facilities, as well as our hunting and fishing.

Probably the first tourist center, as such, was on Fort George Island at the mouth of the St. Johns River. In the late 1890's two large hotels flourished there. Two steamers made daily round trips from Jacksonville carrying guests, mail and supplies. This was the Gold Coast of its day.

Then Henry Flagler extended the railroad down the peninsula. The tourists rode southward on it to other shores, and Fort George Island's hotels were silent and dark. In 1904 they burned to the ground.

Just after World War I people began to flock to Florida in great numbers and the "boom" of the Twenties was on. The automobile made transportation easier but the roads were far from being the best. Improvement in highways brought new tourists to Florida — the trailer tourists. The man who brought his home with him and lived in it until he was ready to move on — then hooked his car to the trailer and took home and all with him. But with the advent of the trailer tourist came problems of health and sanitation of vital importance to the State Board of Health.

At first the trailer traffic was just a mere trickle. The number of mobile homes coming to Florida in the Twenties was negligible and no one gave them much thought. But Florida was beginning to realize at last the potential wealth the tourist held for the

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## FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.



*Adequate space plus beautification makes any park more attractive.*

state. Roads were improved. Formerly inaccessible areas were turned into beautiful playgrounds. An organization of trailer enthusiasts known as the "Tin Can Tourists of America" was founded at Bradenton, which has been their headquarters for more than a quarter century.

Although a few trailer "camps" had sprung up about the state it was not until the mid-Thirties that a few enterprising operators

began to make a concerted effort to attract the trailer tourists with camps designed especially for them. At first these were little more than vacant lots where a man could park his trailer for a small fee (usually about fifty cents or a dollar per day). A few of the camps made some form of provision for their guests to have electrical lines hooked up to the trailers. Later crude showers were built. Some eventually had facili-

ties for the washing of clothes. But for the most part very few conveniences were made available and conditions about the trailer camps were unsanitary, unclean and unsatisfactory.

There was no legislation requiring trailer camps to meet minimum sanitary regulations. City and County authorities did the best they could to control the situation but, lacking specific legislation giving them the authority to do so, were unable to force the camp operators to do very much to improve matters.

## *Came the War*

Florida was swept up with every other state in the mass shifting about of population with the advent of World War II. Out-of-state workers poured into Florida to help build camps, training centers, air bases, naval installations, and shipyards that were so badly needed. A great many of the workers brought their families with them. The sudden strain on housing facilities caused many to turn to trailers as a solution to the housing problem. This brought congestion and the few trailer camps then in existence were not prepared to cope with the problem.

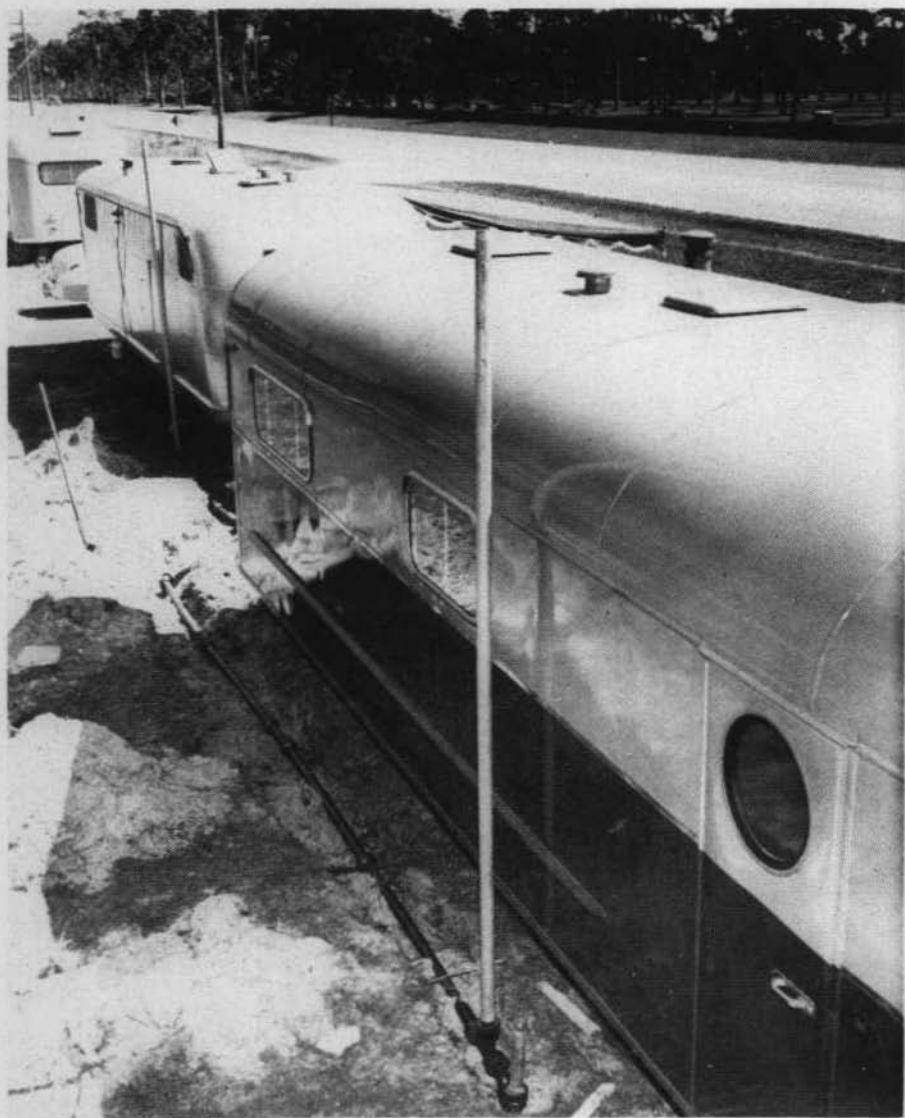
In 1939 the Legislature, being advised of the sudden acute problems of sanitation and health involved in crowded trailer camps where they were being parked

bumper to bumper, row on row, took action to correct the situation. A law was passed requiring that all trailer camps qualify for a State Board of Health permit. To secure a permit the operator must see that his camp conformed to the minimum sanitation requirements as set forth by the Sanitary Code of the State of Florida. A representative of the State Board of Health, usually a sanitarian from the County Health Department, was to inspect each camp and see that each operator had met the minimum specifications. If he did so the State Board of Health was to issue a permit which assured the public that the camp had met all sanitation requirements.

Since most trailer camps were then very little more than vacant lots with trailers parked on them the operators found it necessary to make quite a few changes and improvements so their camps could qualify for a permit.

The operator now had to provide a minimum area of 25 by 35 feet for each trailer. The camp had to be located on high, dry ground that was not adjacent to swampy areas or bottom lands where water might stand after heavy rains, or where mosquitoes might breed uncontrollably.

The water supply had to be suitable for drinking and piped to the trailers according to definite



*The small pipes and unattractive vent design shown in this picture made several years ago shows the obsolete way of installing trailer facilities. The modern way includes the use of much larger pipe, and sealed connections necessary to good sanitation.*



*Properly vented, capped, and sealed against the weather this trailer sewage connection awaits the arrival of a guest.*

specifications. Operators were urged to use public sewerage systems where available. If such disposal systems were not nearby the regulations regarding the use of septic tanks or other systems were set forth.

A suitable number of toilet and lavatory facilities were to be provided based on the number of trailer spaces available in the park. The laundry rooms had to be capable of serving the needs of the guests without over-burdening the sewerage system.

Plumbing and systems for disposing of garbage were included in the regulations as well as the nuisance factor of pets, junk under the trailers, and insect breeding rubbish. In fact, the law was well and specifically written for the conditions existing *at the time*.

The County Health Departments now began the mountainous task of inspection. The sights they saw and the problems they encountered were many and varied. Camps were inspected where operators were using fifty gallon tanks buried



in the ground for septic tanks. One such tank often served two trailers. Camps which housed twenty or thirty families sometimes had only one toilet and one shower bath. In other camps kitchen wastes were allowed to simply flow out on the ground, creating unpleasant odors.

Connections between trailers and sewerage openings were often made by wedging a piece of gutter pipe into a terra cotta line with dirty rags stuffed around the openings to prevent leakage. Septic tank openings were left uncovered when spaces were unoccupied allowing rain water to pour into the tanks, flooding them and preventing them from operating properly. Old boards, broken toys, spare tires, and other junk was found piled under trailers creating fire hazards and insect breeding grounds. Pets were allowed to roam at large. Trailers were jammed as closely together as possible to make room for as many cash customers as were willing to crowd together. Inadequate drainage created areas where water stood and mosquitoes bred profusely. The standing water flooded improperly vented septic tanks making it difficult to flush toilets and creating offensive odors after a heavy rain. One camp offered as a clothes washing facility one wash-tub and a galvanized washboard.

## *Improvement Noted*

Though the task was a large one the State Board of Health and the County Health Departments were working hard and as time went by progress was noted. The operators themselves cooperated to the fullest extent, realizing the health hazards involved. Most of them quickly saw that it was better to have a camp that even exceeded the minimum standards since the attraction of a clean, well kept and orderly camp was one that meant more customers and a higher class of clientele. As always, there were some operators who resisted the campaign to clean up their camps but they soon realized that the law was going to be firmly enforced and when they had complied with the regulations they appreciated the value of the program to their business. And now a very significant change took place. The public took notice of the elevation of standards, the neat, clean look, and the greatly improved condition of the "camps" and now began to refer to them as "parks."

By the end of 1945, 68 trailer parks had received their permits and had been licensed. But now the war was over and the nation entered into an era of prosperity and production of goods for public use. Many people purchased trailers for permanent homes or for

traveling. Many of our Florida citizens live in them permanently, or while waiting for a new home to be built. Numerous retired elderly people have found the ease of trailer living just to their taste. Many itinerant construction workers like to take their homes and families with them when they travel about the country. Service personnel have found the trailer to be ideal since they can live in it until transferred and then pick up and travel on very short notice. And there are some people who live in trailers just because they like that type of informal living. Each winter more and more people come to Florida in trailers, thus emphasizing the need for more trailer parks.

Under the law, an operator planning a new park had to first submit his plans to the State Board of Health for their approval and their advice if his plans did not meet the minimum specifications.

The design and layout of parking and recreation areas underwent changes. Instead of the formal layout, with trailers parked in monotonous rows, the operators began to use the "informal" layout that broke up the old pattern so long in use and placed trailers in varying positions so guests could enjoy more room or a better view and have a little more privacy. An example of the informal layout is seen in the illustration on pages 162 and 172.

The old fashioned wooden structure that formerly housed the showers and toilet facilities began to give way to the more modern concrete structures lined with gleaming tile and adequately lighted. Slop sinks were provided for scrubbing pails and the like. The washtub and washboard disappeared to be replaced by the washing machine. Some operators began to install their own sewage

The Florida Mobile Homes Association is the only state wide "trailer" organization although there are several national and private organizations. This association is governed by a Code of Ethics with which their members must comply. It is also the purpose of this organization to foster the highest possible standards for mobile home living. The Executive Director of the Florida Mobile Homes Association is Robert J. O'Neill, 32 S. Palm Avenue, Sarasota, Florida.



*This modern septic tank installation is being installed in a park under construction. All plans for new parks must be submitted to the State Board of Health sanitary engineers for their approval before park construction begins.*

treatment plants. Attractive hedges and flower beds were planted, along with shade trees. Brushy undergrowth was cleared away and replaced with carefully tended lawns.

As time went by the trailers themselves became more modern and the "dependent" trailer which had no built-in toilet and shower

was gradually being replaced by the "independent" trailer which was equipped with complete facilities and merely connected onto the park system of water and waste disposal when it was parked on the lot. Trailers were built longer and wider. When this happened some operators began to make available larger spaces for the new "giant jobs."

## *Present Problems*

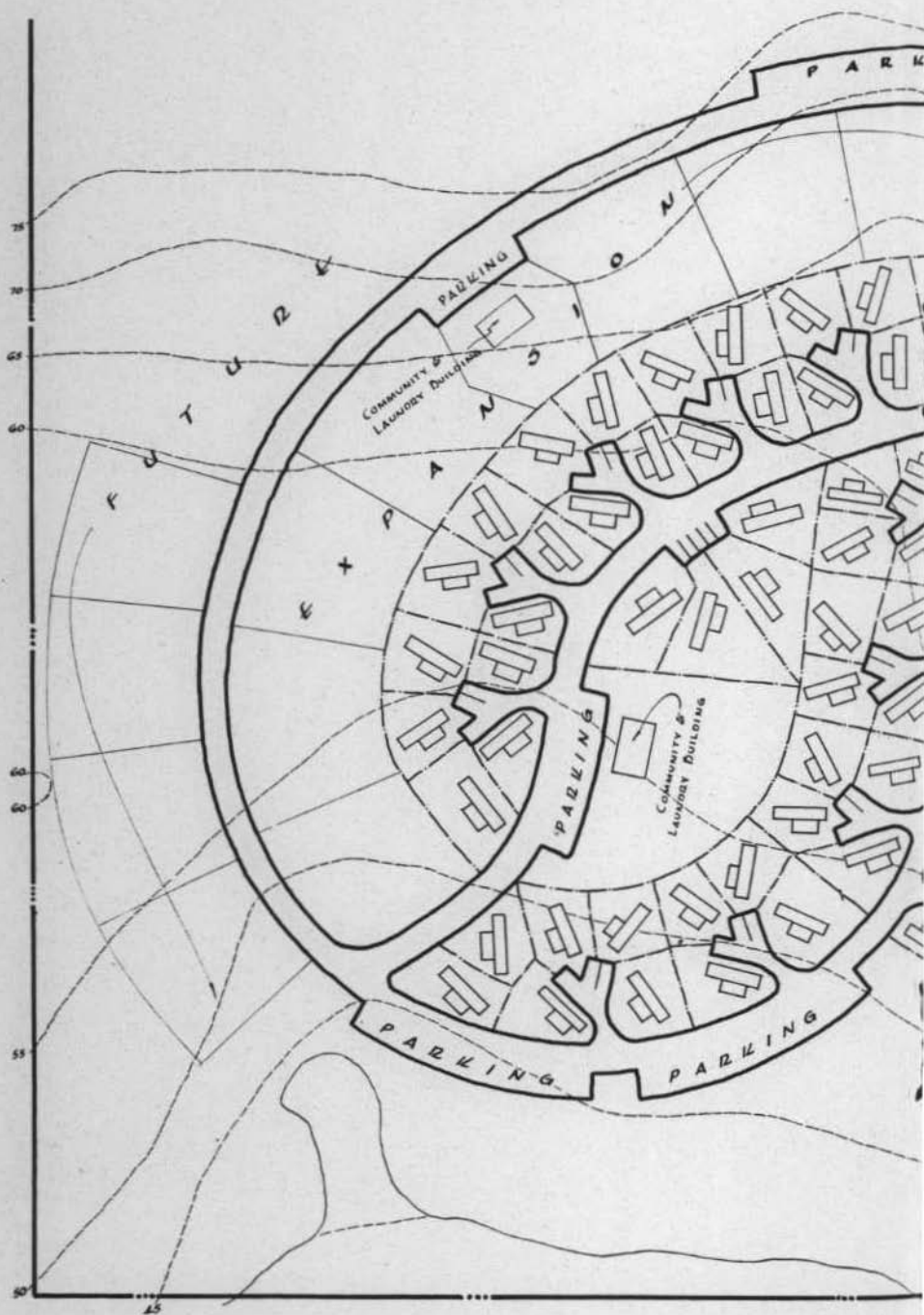
At present there are still parks whose operators have made no provisions for the larger trailers. They are complying with the minimum space regulations but the owners of larger trailers do not wish to be crowded so they seek out the parks which have advanced with the times and have anticipated their coming. After all, it is pretty hard to put a trailer measuring 11 by 55

feet into a minimum space of 25 by 35 feet.

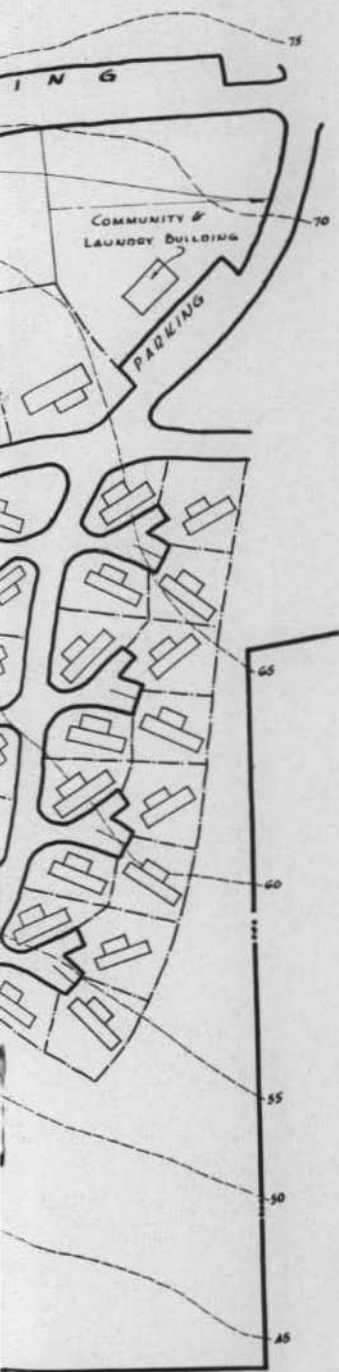
The process of inspecting and checking the many trailer parks is an endless one for county health department sanitarians. Despite the cooperation and willingness to improve on the part of the great majority of operators, the State Board of Health still receives letters from dissatisfied trailer owners. Some complain of the general



*This structure houses the laundry facilities for a Florida trailer park.*







## INFORMAL LAYOUT

The diagram shown here depicts the style of trailer park layout fast becoming popular throughout Florida. Rather than parking the trailers in regimented rows, all facing the same direction, this manner of placement gives more freedom to the guests, allows more privacy, and throughout its informality seems to run a feeling of being "at ease".

Trailers are parked in large spaces which give plenty of room on all sides for relaxation. One feels more at home in this style of layout. Owners of the "giant jobs" are always happy to find a park featuring the informal layout since they are not forced to place their trailers in cramped areas.

Pleasantly curving streets which wind about through the park give an impression of size yet at all time the guests are near the facility buildings and a minimum of walking is necessary.



*A County Health Department sanitarian inspects toilet and shower facilities in a Florida trailer park.*

unkempt conditions of parks they have visited. Others complain of poor sanitary conditions or lack of facilities. The State Board of Health is concerned over these complaints and every one is checked on by the local sanitarian. But one must understand that there are factors affecting the problem that are not easy to control.

For instance, let us suppose that a sanitarian makes an inspection of a certain park today and then goes on about his many tasks. At the time of the inspection the park is clean and meets all the requirements of the Sanitary Code. Then suppose the sanitarian doesn't schedule a return visit for six weeks or even six months. In the weeks or months between inspec-

tions, the operator might allow the park to grow up in weeds or underbrush that make it unsightly and unpleasant. Trailer owners might build makeshift additions onto their trailers that are not pretty to look at or which might even become fire hazards. Leaky faucets are not repaired, or a plugged drain might continue to overflow and cause unsanitary conditions.

One might compare the park situation with a restaurant which meets all provisions of inspection but which becomes undesirable as an eating place later because of uncleanness, poor service, or some other reason. The best measure of a trailer park is the physical condition that meets the eye when you consider it as a possible site for your home on wheels. If it is clean and neatly maintained, if the space between trailers is reasonable and there is other evidence that the operator keeps an eye on his business, then it is safe to assume that all the other facilities are kept just as neat and orderly. Conversely, if the park is overgrown with weeds, littered with rubbish and refuse, and poorly tended, then you would probably find the same degree of poor housekeeping evident in all the other facilities offered you.

## ***Buying a Trailer?***

If you are a trailer owner and want to know what is required in Florida trailer parks, the following information will be of value:

1. Trailer parks are required to be located on high, well-drained sites free from underbrush and heavy growths. They must not be located on or near marshes or bottom lands or in the vicinity of potential mosquito breeding areas.

2. The operator is required to furnish you a space at least 25 by 35 feet and your trailer must be parked in such manner that it is not damaging the health, well-being, or comfort of your neighbors.

3. All drinking and bath water must come from a desirable source and must be piped. In addition, the water must meet the standards of the Florida State Sanitary Code pertaining to chloride and iron content as well as color. The Code requires that you have a hydrant within fifty feet of your trailer.

4. If you have an "independent" trailer the operator must provide you with a suitable connection to the park sewerage system. Although the day of the drum buried in the ground to serve as a septic tank has passed, the State Board of Health is insisting more and more that operators make every ef-



*A sanitarian inspects manhole installation before the tank is covered and put into service.*

fort to connect to a public sewerage system. In fact, if such a system is sufficiently close to the park nothing else will be accepted. But there are many parks in areas not served by public systems so the park's own waste treatment and disposal systems must meet rigid standards before they can obtain a permit.

The wooden shed with toilet and showers is just about a thing of the past. Modern concrete structures providing separate showers and toilets for both sexes are a must and the rooms and com-

partments must have separate entrances.

You will now find the shower baths lined with tile and well lighted. They are kept clean and neat.

Garbage cans are placed at convenient intervals about the park and daily collections are made to keep down odors and insect problems. The operator will gladly show you a convenient place where you can wash your dog or your car but it would not be in good taste to perform these chores on your trailer space.

These are only a few of the improvements that have been

brought about since the Sanitary Code was adopted. The operators themselves, through several organizations within the industry have imposed their own codes of ethics which have greatly assisted the job of the sanitarian.

The operators realize and appreciate that changing times bring changing conditions. The State Board of Health feels that the past cooperation is evidence that the operators are just as interested as they are in making the parks more attractive and better places for you to live. So plans are now under way to bring the Sanitary Code up to date to meet the trend to larger trailers and increased trailer traffic.

### *The "Giant Jobs"*

For instance, with trailer coaches now exceeding the fifty foot length they feel that parks should start making adequate provision for the swing to the larger sizes. With an eye to the future they would like to recommend to the operators that a minimum space size be adopted of not less than 2,000 square feet with a minimum width of 35 feet. In any event a minimum size of 35 by 60 feet should be adopted.

The sanitary engineers of the State Board of Health would also like to see a fixed minimum dis-

ance established between the trailer and the park property line. In areas where there are homes adjoining the park this would eliminate some resentment on the part of the home owner who finds a trailer backed right up against his back fence. You, as a trailer owner, might also object to being too close to someone's back porch or kitchen.

It is hoped that more operators will adopt the informal layout as suggested on page 172. It will provide just as much space for the trailer and will permit just as many trailers to be parked as the formal layout shown on page 162.

One of the biggest problems now concerning both the State Board of Health and the park operators is that of the additions that are being built onto the trailer after it is parked. Actually, if a screened porch, patio, or even an extra bedroom is built onto the side of the parked trailer, there is no law against it. With space pretty much at a premium, the minimum requirements have been based on the fact that adequate air passage between trailers is vitally necessary for the health of the occupants. And what does the operator of the park say about these additions to





*At this popular park the guests have constructed attractive cabanas alongside their trailers. The informal layout, as seen here, makes such additions attractive to other trailer tourists seeking a park where they can enjoy their stay.*

your trailer? He will probably not say anything since you are both his guest and his source of revenue. But surely he is not happy with some of the rag-tag monstrosities that have been nailed up to make additional rooms or relieve cramped quarters within the trailer.

A trailer court has a density, or number of persons per square foot,

much greater than that of a subdivision. Yet the building code in subdivisions are very strict and you would not be permitted to put up anything that did not stay within certain limits regarding property lines and types of construction. The trailer owner should think of himself as living in a community made up of both homes and trailers and

should apply the golden rule to structures he adds to his trailer while it is parked.

The State Board of Health receives letters almost daily from people who want information regarding requirements for building trailer parks. Actually, Florida can use more good parks. The trailer tourist will tell you that he sometimes finds it difficult to find space when he reaches his destination. This condition is pretty general all over the state. Some areas

naturally have more parks than others. Pinellas County, with St. Petersburg as its principal city, has more than 15 per cent of its population living in trailers. Bradenton, Sarasota, Daytona Beach, Fort Myers, Fort Lauderdale and other Florida cities, boast large percentages of their population living in trailers. More and more people are visiting the Florida Keys each year and some fine trailer parks have been built there to accommodate them.



*Interior view of a trailer addition which makes an attractive park.*



*This battery of automatic washers is made available to guests for their convenience. Just one of the many facilities offered by good trailer parks.*

### ***The Helping Hand***

If you are thinking about building a trailer court here are a few suggestions that will help you.

First, contact either the County Health Department in the locality you are considering or the State Board of Health in Jacksonville. They will give you copies of the Sanitary Code, the law governing permits and other information you will need.

When your architect or engineer has completed the required plans for water supply and sewage disposal systems and park layout, these plans should be submitted through the County Health Department along with the required application for permit and inspection forms to the Bureau of Sanitary Engineering of the Florida State Board of Health. When your park is completed and ready for



*Pictured above is a properly installed slop sink for disposal of wastes.*

business the director of the County Health Department or a member of his staff will inspect it. If your park meets all the requirements of the Sanitary Code, a permit will be issued to you by the State Board of Health. When your permit is received you are in business.

The health and welfare of trailer owners in Florida is of great concern to the State Board of Health. If you own a trailer and plan to

visit or live in the Sunshine State, we want you to feel secure in the knowledge that the County Health Department and the State Board of Health have received the cooperation of all concerned in making your trailer park a safe and a healthy one. If you wish to build and operate a trailer park, we welcome you and offer our services at all times to assist you in making your park an attractive and profitable one.



*The homey atmosphere of this park, with its well-tended lawns and informal parking makes a pleasant place for an extended visit.*

Riding along on Florida's broad ribbons of fine highways one looks at the marshes, swamps, and impenetrable undergrowth and wonders "How in the world did the explorers and early settlers ever travel through here in the early days of our history?"

The answer is simple. The early explorer followed Indian trails that were made by moccasined feet over many years. And when the early settlers penetrated Florida with their covered wagons and teams of oxen they chopped away the underbrush just enough to allow passage, and went along the same trails.

Later, with the advent of the automobile, the rutted wagon trails were paved and a right of way cleared on either side.

When the trailer tourist of today drives along our broad highways, he is probably traveling over an old Indian trail very much as did the original settlers. He has something in common, with them, too — for each brought his home with him when he came.



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# HEALTH NOTES



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CIVIL DEFENSE

Vol. 49  
No. 10

# FLORIDA CIVIL DEFENSE AGENCY





## CIVIL DEFENSE

Floridians had long known about the dangers of hurricanes, fires, tornadoes, and other of Nature's destructive forces. Then just prior to the ending of World War II the advent of the atomic bomb brought all the nations of the world to the realization that a new and terrifying force for destruction had been unleashed and that precautions for the welfare and safety of the citizens must be put into effect.

The United States government, through Public Law 920 of the 81st Congress, brought into being the Federal Civil Defense Administration. The law was passed in 1950 and went into effect January 1, 1951. It provided that the Federal Government would coordinate and assist the activities of various units designed to give warning of attack. It also provided assistance to the state and local agencies responsible for safety, *health*, and protection on the local level.

However, the law specifically states "Under this Act, the primary operating responsibility is vested in the states and their political subdivisions. Local organization, recruitment, training and preparedness on the home front depends on the States, Counties, Towns and Villages of America and upon their citizens."

Civil Defense operates on the basic principle of cooperation between individuals, groups, communities, states and the nation as a whole. Without this cooperation no community would be able to cope with the injury of persons, destruction of property, and breakdown of facilities, such as sewage disposal, water supply, electricity and communication, which may result from disaster.

When we look at *Florida's situation* we find that it demands attention due to its somewhat unique geographic position and the fact

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### FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th of the month by the Florida State Board of Health. Publication office, Jacksonville, Fla., headquarters of the State Board of Health. Entered as second class matter, Oct. 27, 1921, at post office, Jacksonville, Fla., Act of Aug. 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clipping of quotations or excerpts would be appreciated.

that there are quite a few military targets of importance within our boundaries.

Florida's population, as of July 1, 1957, was estimated at 4,067,043. The population is increasing at the rate of five per cent per year. A large percentage of our people live in metropolitan areas and 20 per cent reside in Dade County. The state can easily be attacked by air or by submarine, and because of the large population centers the casualty load could be enormous if there was little or no warning time. There are many military installations that are target areas as well as railroad facilities, shipyards and manufacturing plants that would be attacked. Approximately 65 per cent of Florida has a water front. Thus it is vitally important for us all to regard Civil Defense as "a must" and that all haste be exercised in making ready for possible attack or natural disaster.

The Florida Legislature enacted a law providing that Florida would have a State Civil Defense Agency with the controlling power vested in the Governor. Under his direction various agencies were set up to deal with the specific problems that would be encountered in event of attack or disaster. The State

Health Officer was appointed the task of continuing the health operations of the state if such a situation occurred. His responsibilities are the operation of the usual public health services in addition to the extra problems created by a major disaster; the rendering of care to the sick and wounded; hospitalization responsibilities, and providing medical personnel as well as other professional medical personnel and medical supplies.

The problems of health are, of course, only a part of the over-all function of the Civil Defense agency. The police and fire departments, for example, have their important parts to play in the Civil Defense picture. However, we are concerned here with the problems of health — both on an individual and a mass population basis — and will confine this issue of *Florida Health Notes* to these problems only.

Florida has been divided into six metropolitan target areas with responsible physicians, nurses, sanitarians, dentists, veterinarians and other medical personnel assigned to the tasks of maintaining the health of the citizens and providing medical knowledge and treatment to sick and injured during the time

of public disaster. The map of the state which is found on the inside of the front cover of this booklet shows the boundaries of the six areas.

Evacuation plans are being developed for these six areas and even now the hospitals, public offices, and many private industries have held practice "alerts" to familiarize their people with the proper ways of evacuating their areas. The hospitals are on the alert and are mapping out plans for expansion of existing facilities to care for sick and injured or for evacuation of their patients in event an attack or a natural disaster should put the hospital out of commission.

Medical supply houses are prepared to act so that their supplies can be delivered to a disaster area on short notice. Pharmacists are developing plans to move quickly to areas where their services are needed badly. They will take with them their supplies of narcotics and other medicines that might be needed.

Veterinarians are working out plans to give treatment to wounded

or ill persons in their animal hospitals, where certain badly needed supplies and equipment are available. Dentists, optometrists, osteopaths, chiropractors and laboratory technicians are developing plans and will be ready to lend assistance where needed. The nurses associations have plans for their members for any situation and they are also prepared to serve.

The relief agencies are working on detailed plans, drawing them up and planning to be ready to go into action at any time. The Red Cross and the National Safety Council are instructing classes of groups of citizens who are willing to spend a few hours a week receiving instruction in the basic fundamentals of first aid.

So you can see that the Civil Defense organization has made much headway in formulating and putting into operation its plans for care of the citizens of a disaster area . . . Let us look at some of the problems that might be encountered in event of a nuclear attack — atom bomb, hydrogen bomb, or something worse.

## CIVIL DEFENSE DEPENDS ON YOU — THE INDIVIDUAL



*Florida is divided into six metropolitan areas containing fourteen military targets of importance.*

*Very little, if any, warning may be possible. The individual must take shelter with the first sounding of the alarm.*



*The enemy will first hit with nuclear weapons to do the most damage in the quickest time.*



*The 50 Megaton bomb destroys everything within ten miles of the point of explosion.*

*With such terrible destructive force it is not necessary to score a direct hit on a specific target.*



*The first nuclear attack may be followed by guided missiles or aircraft firing high explosives or releasing disease-carrying insects.*





Chemical and biological warfare agents may be used

*Incendiary or gas bombs may be dropped on survivors. Disease germs may be released.*

*Enemy agents within our midst may contaminate food supplies with germs or other pollution.*



*Mosquitoes, flies, and other insects may be released laden with disease to plague survivors.*



*Water supplies might be secretly contaminated with typhoid or other diseases by enemy spies.*

*False propaganda will create panic and confusion thereby hindering rescue and evacuation efforts.*



False propaganda will be used



*The target area will be filled with dead, dying and injured. Severe burns will affect many.*



*Homes and buildings will be smashed, burned and destroyed. Demoralization and panic follow the tragic loss of hard-earned possessions.*

*Survivors who have escaped injury or whose injuries are comparatively minor will be moved to safe areas over already established evacuation routes.*



*Most hospital facilities will likely be destroyed by the first attack. First aid stations will be set up along evacuation routes.*



*Nine 200-bed emergency hospitals are located in Florida. Stored on trucks they can be quickly moved to a disaster area to supplement existing facilities for caring for the sick and wounded.*

*Among the killed and injured will be found many doctors, nurses, and others upon whom we depend for medical care. This will create a shortage of trained personnel to care for the sick and wounded.*



*Warehouses, pharmacies, and other places where drugs and medical supplies are kept will be destroyed in the attack. A shortage of medical supplies and equipment may result.*



*The very shock of the attack will create an increased number of heart attacks, miscarriages, emotional upsets and other conditions which will add greatly to the burden of the doctors and other medical personnel.*

*Finally, the doctors might be forced to make a grave decision. With too many sick and injured and too few medical supplies and trained personnel it might become necessary to set up a system of priorities so they can save those who can be saved and abandon those for whom there is no hope.*



*The health forces of Civil Defense are already planning the methods and procedures they will use if disaster should strike our state.*





*Dentists and veterinarians and all practitioners of healing arts, as well as those in related services, have drugs and medical supplies available and can treat many cases submitted to them.*

*Registered nurses, practical nurses, nurses aides, and others are already trained in the methods of inoculating and immunizing people. Their services will be invaluable in time of disaster. However, people should not wait till disaster strikes for their immunizations. Smallpox, tetanus, typhoid, diphtheria, polio, and other shots should be carefully kept up to date at all times.*



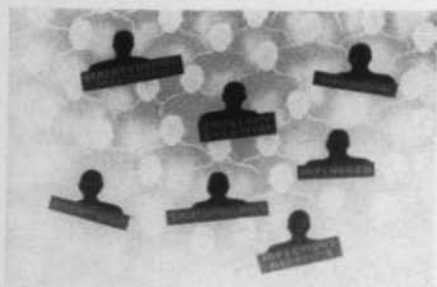
*Veterinarians and sanitarians will check and pass on all available food supplies. Meats and other foods requiring refrigeration will be moved from contaminated areas to cooling boxes in safe areas. Sanitarians will check lakes and rivers for contamination lest fish and shellfish taken from them become sources of illness. Volunteers will move canned foods from contaminated areas to safe places from which they can be checked and dispensed.*





*Florida dairies are organized to immediately begin putting up pure drinking water in cartons ordinarily used to carry milk. Safe and secure in waxed paper cartons the water is easily transported, rationed and stored.*

*Some diseases are always present at time of disaster. With the coming of the atomic bomb a new disease — radiation sickness has been added. Persons affected by radiation will need blood — lots of it. The blood banks are prepared to process and supply the hundreds of thousands of pints that might be needed.*



*Persons infected with transmissible diseases must be isolated lest epidemics break out.*



*Disease carrying insects will be eliminated by special units here seen spraying an infested area.*

*Emergency measures will be inaugurated to keep health at a near-normal level and eliminate health hazards due to improper sanitation.*



*Finally, the doctors and their trained helpers will conquer the problems of the sick and injured. Physicians and scientists must then be on the alert for signs of new diseases to prevent new outbreaks.*

## BUT WHAT ABOUT YOU AND YOUR FAMILY?

The foundation of the success of the Civil Defense program, no matter what kind of a disaster we have, always comes right down to the family level and the individuals concerned. "What do I do? What must my family do?" The following easy-to-follow suggestions are made by Civil Defense leaders:

1. You must first concern yourself with evacuation from the disaster area.

It is most likely that an attack will occur at a time when you are least expecting it. You will, perhaps, be at work, your wife will be at home or at the grocery, and the children will be in school. Your first impulse is to try to make your way to the school or to your house. But you must control that impulse with sound reasoning. Remember, the schools are preparing for just such a contingency. They have had drills and the teachers know what to do. Your children are to be evacuated safely to pre-determined refuge points. So don't worry about them.

Your next concern is for your wife. If she follows the instructions of the Civil Defense wardens she will be evacuated to a safe place away from the disaster area. You will also be sent along routes leading away from the area to a point of safe refuge. So you must

have faith that your family will be cared for.

But *now* is the time for all of you to get your heads together and work out the next important step: **YOU MUST AGREE ON A RENDEVOUS, OR A PLACE TOWARD WHICH ALL OF YOU WILL WORK YOUR WAY AS RAPIDLY AS CONDITIONS PERMIT.**

If you have school children then try to learn the refuge point for your school and agree that in the event of separation you will try to join the children there. Your discussion will lead to agreement on a place familiar to all of you with an alternative in event the first choice is also a disaster area.

## 2. YOU MUST ALL LEARN SOMETHING ABOUT FIRST AID

First Aid stations will be set up by the Civil Defense Agency as near to the disaster area as possible and along all the evacuation routes. However, a knowledge of the fundamentals of first aid will greatly aid you and your family until such time as you can reach an aid station and get medical attention. Basic knowledge of the treatment for control of bleeding, cleaning and bandaging wounds, and the proper way to use splints for suspected broken bones and sprains will be invaluable at times when needed. For information regarding these basic bits of information

you can contact your local Red Cross office and enroll in one of the First Aid classes held quite frequently in most of the major cities. If one of your children is a Boy Scout or Girl Scout he, or she, will know these fundamental first aid procedures and will be able to bring some of the knowledge to the family. If you are unable to locate any good source of first aid information contact your local Civil Defense officials and they will help you secure it.

### 3. IF YOU ARE AT HOME WHEN DISASTER STRIKES

If disaster strikes when you and your family are at home your first concern should be for injuries. Examine each person carefully and use your knowledge of first aid for treatment of shock, bleeding, or other injury that may have been sustained. Without a suitable supply of bandages, antiseptics, burn ointments and other needed materials you will be faced with problems difficult to overcome at a time when other aid and assistance is hard to locate. Get an adequate supply today and keep it handy.

When you are satisfied that everyone has been given all the help you are capable of giving, pack a minimum of warm clothing into as small a parcel as each person can carry. Then select a supply of canned goods from your pantry and divide the load between those of the family able to carry

it. Put in some first aid supplies. Fill a small water container (about a pint) for each person and then head for the nearest evacuation route.

You will join the other evacuees and, by following directions given by Civil Defense wardens, you will have no trouble reaching an aid station, if necessary. Otherwise, you will be advised along the route where it is safe to stop for water, food, medical care or other necessities. The comforts of home will be lacking but people are inherently strong in emergencies and you will find that your family will be able to live under emergency conditions.

### SURVIVAL DEPENDS ON GOOD HEALTH

As long as you and your family can maintain good health your chances of surviving and returning to rebuild and again establish your way of life are excellent. There are many factors present at the time of crisis which are not normal and to which you will have to adjust. For instance: innerspring mattresses will be something to dream about while learning to sleep on a canvas cot or even on the ground. But any ex-service-man will tell you that neither a cot nor the hard ground will kill you and eventually one can become accustomed to it.

To help you maintain good health a few simple rules should be carefully followed:



1. Keep warm and dry at all times. If possible, keep your feet dry and change socks or stockings often. Infantrymen are taught to take care of three things — their rifle and their two feet — and this is a good rule for you to follow.

2. Do not drink water or eat any food that comes from an unknown source. Contamination often cannot be detected without the aid of special equipment and you might be providing a source of disease for your family. Hunger and thirst are uncomfortable feelings but disease and sickness are far worse to be feared. Besides, there is very little chance that you will find it necessary to suffer hunger or thirst for very long as the Civil Defense Agency realizes the value of food and water to health, and Civil Defense is already planning to provide food and pure water in event of disaster. **BOILING WATER WILL KILL DISEASE GERMS AND MAKE IT SAFE TO DRINK UNLESS IT HAS BEEN POLLUTED BY RADIOACTIVITY. BOILING DOES NOT COUNTERACT RADIOACTIVITY.**

3. Observe good personal hygiene. Cleanliness minimizes possibilities of infection and discomfort. Clothing should be washed at every opportunity and bathing of all members of the family should be done whenever and wherever possible. The sanitarians will pro-

vide straddle latrines and slit trenches at every point of concentration and these should be used at all times.

4. Don't become despondent. Despondency leads to a breakdown of character if allowed to possess a person's thoughts and actions. The despondent person soon loses hope and begins to take the attitude of not caring whether he makes it through or not. This is a bad attitude and reflects itself on others. Soon your family will grow despondent and then those around your family will feel the same way. Carelessness results and sooner or later careless personal habits and uncleanness will lead to sickness.

Always remember that disaster conditions are merely temporary. Americans are the greatest people in the world for sticking together and helping one another. You will be sent food and clothing to help you out. Your children will be cared for by competent physicians and other medical personnel. The aged and infirm will be given every care and consideration. When the disaster has passed your fellow men will help you rebuild your destroyed home and will help you to take your place just where you left it when the "blow" came.

Observe the rules and encourage others to do the same. Lend your strength to the weak and the Civil Defense burden will be greatly lightened.

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All Counties in Florida have organized county health departments, except  
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FLORIDA HEALTH NOTES published by Florida State Board of Health since 1892